



**Sr. High School Athletics Packet
2019-2020**

We are excited to have your son/daughter participating in the Sr. High School Athletics Program. This will be a time for your child to learn the basic fundamentals, terminology, and plays of the game. They will also build on current knowledge and strengthen skills they have already acquired. Please complete and return a sports packet in its entirety. Please make all checks payable to Pacific Coast Christian Prep.

Athlete Name: _____
(Please print first and last name)

Grade: _____

E-mail (for updates/cancellations): _____

Phone: _____

Sport(s) participating in:

Registration Fee: \$100 (non-refundable) per sport listed above.

Registration fees go towards the cost of field/gym rentals, jerseys, coaching and referee fees, etc.

Payment Method:

- Cash Check # _____

Please complete the following attached forms:

- Athletic Contract
- Athletic Permission Slip
- Athletic Physical & Parent Consent
- Emergency Card
- CIF Ethics in Sports





Panthers Athletic Contract 2019-2020

Please carefully read and sign the following contract.

Standard 1

All athletes must attend every practice and every game unless excused by a doctor's note. All scheduled Doctor's appointments must be scheduled to occur during a time that has not previously been scheduled for a practice or event. All athletes must stay in the scheduled practice or event until released by their coach.

Standard 2

All athletes must arrive at each scheduled practice or event on time. The coach has the authority to appropriately penalize that athlete/team.

Standard 3

All athletes must have a "C" average (2.0 GPA) with combined citizenship and effort rating of at least Satisfactory with not more than one grade of unsatisfactory. Grade checks on academics and citizenship will be collected at the midpoint of each grading period. If an athlete's GPA falls below 2.0 or they receive two D's or one F during a grade check, the athlete and his/her parents will be required to meet with the AD. The athlete will not be able to participate in any practices/games until this meeting occurs. A student who does not meet the above requirements during the probationary period shall not be allowed to participate in interscholastic athletics in the subsequent grading period.

Standard 4

All athletes must behave in a Christ-centered manner at all times. Acting unkind, disobedient, defiant, or in a disrespectful manner at any time is not acceptable.

Standard 5

All athletes must arrive at each scheduled practice or event fully prepared; including proper PCCPrep practice attire and necessary equipment.

I, the undersigned, have read the Panthers Athletic Contract and agree to uphold these standards.

Athlete Signature

Date





SPORTS PHYSICAL EXAMINATION FORM

Page 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)							
LAST NAME		FIRST NAME			GRADE		
BIRTHDATE	GENDER	FALL SPORT	WINTER SPORT	SPRING SPORT			
HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)							
	Yes	No	Has this student had:	Yes	No	Has this student had:	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?	16.	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring medical care or treatment?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?	17.	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back pain or injury?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations or Surgeries?	18.	<input type="checkbox"/>	<input type="checkbox"/>	Knee pain or injury?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, psychiatric, or neurologic condition?	19.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow pain or injury?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Loss or nonfunctioning of glands or organs (eye, kidney, liver, testicle)?	20.	<input type="checkbox"/>	<input type="checkbox"/>	Ankle pain or injury?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?	21.	<input type="checkbox"/>	<input type="checkbox"/>	Other joint pain or injury?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?	22.	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or significant or severe shortness of breath during or after exercise?	23.	<input type="checkbox"/>	<input type="checkbox"/>	Does this student presently: Wear eyeglasses or contact lenses?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?	24.	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces or plates?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?	25.	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? (List below):
11.	<input type="checkbox"/>	<input type="checkbox"/>	Potential concussion or loss of consciousness?	26.	<input type="checkbox"/>	<input type="checkbox"/>	Further history: Birth defects (corrected or not)?
12.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems managing or responding to heat?	27.	<input type="checkbox"/>	<input type="checkbox"/>	Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
13.	<input type="checkbox"/>	<input type="checkbox"/>	Racing heartbeat, skipped or irregular heartbeats, heart murmur?	28.	<input type="checkbox"/>	<input type="checkbox"/>	Parent or grandparent requiring treatment for or heart condition less than 50 years of age?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures or seizure disorders?	29.	<input type="checkbox"/>	<input type="checkbox"/>	Been seen by a physician on an emergency or urgent basis in the last 12-months?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Severe or repeated instances of muscle cramps?				
Date of last known tetanus (lockjaw) shot: _____			Date of last complete physical examination: _____				
Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):							
PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. I understand the evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider.							
PRINT NAME OF PARENT OR GUARDIAN			SIGNATURE OF PARENT OR GUARDIAN				
ADDRESS		WORK PHONE	HOME/CELL PHONE	DATE			
REGULAR PHYSICIAN'S NAME		OFFICE PHONE					
INSURANCE COMPANY		POLICY NUMBER					

Page 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)
This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)





SPORTS PHYSICAL EXAMINATION FORM

Athlete's Name: _____ DOB: _____
LAST FIRST MIDDLE INITIAL

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm

General Medical Examination

Orthopedic Examination

#	NORMAL	ABNORMAL (Describe)	#	NORMAL	ABNORMAL (Describe)
1. Head & Face			15. Neck		
2. Nose & Sinus			16. Back		
3. Mouth & Throat			17. Shoulders		
4. Ears			18. Arms		
5. Eyes			19. Elbows		
6. Lungs & Chest			20. Wrists		
7. Heart			21. Hands		
8. Abdomen			22. Pelvis		
9. Skin			23. Hips		
10. Vascular			24. Knees		
11. Lymphatics			25. Lower Legs		
12. Genitalia			26. Ankles		
13. Neurological			27. Feet		
14. Other			28. Soft Tissue		

Physician's Clearance

- Cleared for all sports without restriction
- Not Cleared:
- Pending further evaluation
 - For any sports
 - For certain sports: (Please name sport(s): _____)

Reason/Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does/does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participations, 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 _____

Signature of Physician: _____ Physician Phone: _____

Address: _____

Students Name: _____ DOB: _____ Grade: _____
Last First





**Athletic Emergency Card
2019-2020**

Address: _____ Phone: _____

Family Physician: _____

Name Address Phone

Emergency Contact:

Father: _____

Name Address Phone

Mother: _____

Name Address Phone

Other: _____

Name Address Phone

Medications: _____

Normal BP: _____ Normal Pulse: _____ Normal Weight: _____

Insurance Carrier: _____ Group Policy #: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, (we), the undersigned, parents of _____ a minor, so hereby authorize the PCCPrep Coaching Staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care is deemed advisable by, and is to be rendered under the general or special supervision of any physician or at said hospital. I also authorize evaluation and first aid treatment of interscholastic injuries on the field, in the training room or in the offices of Registered Physical Therapists and/or Certified Trainers.

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 our aforesaid agent(s) to give specific diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until August 2020 unless sooner revoked in writing delivered and said agent(s).

Father Signature / Date

Mother Signature / Date

Legal Guardian Signature / Date

