



## ATHLETIC CLEARANCE PACKET (ACP)

### Instructions for filling out High School Activities Certificate Health History/Doctor Clearance – Parts 1 and 2 Code of Ethics Forms – 2 Concussion Fact Sheet

*All extra-curricular activities (including athletics) within NMUSD operate free of charge to all of our students. While donations or contributions may be requested, there is no connection to a student's ability to participate and their ability/willingness to contribute financially.*

*Additionally, all NMUSD athletic teams operate with the understanding that selection will be based solely on demonstrated performance and not due to any outside affiliations (e.g. Club Teams) nor participation in off-season voluntary fee based athletic camps.*

***Please read and follow directions carefully as there have been changes made to these forms!***

#### **Activities Certificate:**

- 1) Start at the top and work your way down...
- 2) List of all sports intending to participate in
- 3) Name, address, grade, male/female (circle one), home phone, alternate phone, cell phone, date of birth, parent email, last school attended.
- 4) Parent, please read both sections I and II, sign and date. Under item II, please name an emergency contact and their phone number (preferably a cell phone).
- 5) Section III, date of physical and office stamp of doctor and doctor's signature. Parent, please list any allergies or medications student is taking.
- 6) Section IV, Insurance Certification: please enter name and address of your health insurance carrier, sign and date. Initial indicating you have read the District's website policy on insurance. Make a copy of your insurance card and attach it. *If you do not have personal health insurance, it may be purchased. Get the forms from the office.*
- 7) Section V, Student is to read this section and sign and date it.

#### **Health History form:**

- 1) Please fill out top half of form, either by parent or student before submitting to doctor.
- 2) Doctor should complete lower portion of this form
- 3) Name and address of doctor and obtain signature or initials (if front of form was signed).

#### **Code of Ethics – Athletes:**

- 1) Please read this entire form *with* your student.
- 2) Print student's name and obtain student's signature and date.
- 3) Parent is to also sign and date.

You are responsible for this information

#### **Code of Ethics – Parents**

Parents are to read this completely and fill out the bottom portion with the understanding that you are responsible for this information.

#### **Concussion Fact Sheet**

Parents are to read this form with your student. Parent and student must sign and date the bottom of the form.

**Please return this entire packet to the Athletic Office at your school!**  
***Until this is done, your student is not permitted to practice or play.***  
**Thank you!**

Sports: \_\_\_\_\_

Received in Athletic Office: \_\_\_\_\_

Please list any and all you intend to compete in or try out for.

Date

**HIGH SCHOOL ACTIVITIES FORM**

(A new form must be on file in the Athletic Office each school year student participates in a sport)

Student's Name: \_\_\_\_\_ M / F 9 10 11 12 Home  
 Last First Sex Grade Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Parent Email: \_\_\_\_\_ School Last Attended: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S PERMIT**

- I. I hereby give my consent for the above-named student to compete in the Newport-Mesa Unified School District's approved activity program such as sports, marching band, etc., and travel with the school representative on necessary school trips. I realize that there is a risk of serious injury from participation in school sports and related activities. It is understood that the school district, the student body, and/or any of the employees are not financially responsible in case of accident or injury.

The undersigned also agrees to be responsible for the **safe return of all equipment** issued by the school to the above-named student:

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

**CONSENT FOR EMERGENCY TREATMENT**

- II. I hereby give permission to a physician to administer emergency treatment.

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

The team physician, trainer, or coach may apply first aid treatment until emergency assistance arrives. \_\_\_\_yes \_\_\_\_no

In an **Emergency**, if Parent/Guardian cannot be contacted, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHYSICIAN'S CERTIFICATION**

I hereby certify that the above-named student was given a general physical examination and, based on that examination, no illnesses or defects were found which should preclude him/her from engaging in programmed school athletics.

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

**List Allergies/Medications:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Place Physician's  
Office Stamp Here:**

- IV. **INSURANCE CERTIFICATION:** I have read the Ed Code requirements at [www.nmusd.us/insurance](http://www.nmusd.us/insurance) \_\_\_\_\_ (please initial) which states that insurance is required. I hereby certify that the above-named student is covered by accident insurance which provides protection for accidental bodily injury as required by Education Code Sections 32220-32221 for participation in approved school activities during the \_\_\_\_\_ to \_\_\_\_\_ school year. I understand that the above-named student will be permitted to participate in the District's activity program only upon my representation that insurance coverage as described in Section IVA or IVB is in effect for the present school year. *If there is a change in insurance, it is the parent's responsibility to notify the school.*

**A or B MUST BE COMPLETED FOR CERTIFICATION**

- A. Home Carrier Insurance Plan -- **Must attach copy of insurance card**

Name and Address of Insurance Company \_\_\_\_\_

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

- B. District-offered insurance plan must be purchased by parent/guardian. (This is offered if the student is not otherwise insured.)

- ☐ 1 School Time Plan (DOES NOT INCLUDE TACKLE FOOTBALL)  
☐ 2 Full Time 24-Hour Plan (DOES NOT INCLUDE TACKLE FOOTBALL)  
☐ 3 Tackle Football Plan (DOES NOT INCLUDE SCHOOL OR FULL TIME PLAN)

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

**STUDENT CERTIFICATION**

I agree to abide by the California Interscholastic Federation, League, and school rules of eligibility. I am not a member of any fraternity, unsponsored club, or unauthorized secret society as described in the Education Code and California Interscholastic Federation handbook, nor will I join one.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

# Newport - Mesa Unified School District

Yes	No	PART ONE (to be completed by parent/guardian or student) --- Circle questions you don't have to answer. Explain "Yes" answers below.
		Have you had a medical illness or injury since your last check-up or sports physical?
		Have you ever been hospitalized over night?
		Have you ever had surgery?
		Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler?
		Have you ever taken any supplements or vitamins to help you gain or lose weight to improve your performance?
		Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?
		Have you ever had a rash or hives develop during or after exercise?
		Have you ever passed out during or after exercise?
		Have you ever been dizzy during or after exercise?
		Have you ever had chest pain during or after exercise?
		Do you get tired more quickly than your friends do during exercise?
		Have you ever had racing of your heart or skipped heartbeats?
		Have you had high blood pressure or high cholesterol?
		Have you ever been told you have a heart murmur?
		Has any family member or relative died of heart problems of sudden death before age 50?
		Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the past month?
		Has a physician ever denied or restricted your participation in sports for any heart problems?
		Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?
		Have you ever been knocked out, become unconscious or lost your memory?
		Have you ever had a seizure?
		Do you have frequent or severe headaches?
		Have you ever had numbness or tingling in your arms, hands, legs or feet?
		Have you ever had a stinger, burner or pinched nerve?
		Have you ever had a head injury or concussion?
		Have you ever become ill from exercising in the heat?
		Do you cough, wheeze or have trouble breathing during or after activity?
		Do you have asthma?
		Do you have seasonal allergies that require medical treatment?
		Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth or hearing aid)?
		Have you had any problems with your eyes or vision?
		Have you ever had a sprain, strain or swelling after an injury?
		Have you ever broken or fractured any bones or dislocated any joints?
		Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?

If yes, check appropriate box and explain below.

<input type="checkbox"/>	Head	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Hip	<input type="checkbox"/>	Ankle
<input type="checkbox"/>	Neck	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Thigh	<input type="checkbox"/>	Knee	<input type="checkbox"/>	Foot
<input type="checkbox"/>	Back	<input type="checkbox"/>	Upper Arm	<input type="checkbox"/>	Finger	<input type="checkbox"/>	Forearm	<input type="checkbox"/>	Shin/calf		

		Do you want to weigh more or less than you do now?
		Do you lose weight regularly to meet requirements for your sport?
		Do you feel stressed out?
Record the dates of your most recent immunizations (shots) for:		
	Tetanus	Measles
	Hepatitis B	Chicken Pox

### Females Only

When was your first menstrual period?

When was your most recent menstrual period?

How many periods have you had in the past year?

**Explain "Yes" answers below:**

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**PART TWO --- PRE-PARTICIPATION SPORTS PHYSICAL EXAMINATION** (to be completed by physician)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

	Normal	Abnormal Findings	Initials*		Normal	Abnormal Findings	Initials*
MEDICAL				MUSCULOSKELETAL			
Appearance				Neck			
Eyes/Ears/Nose/Throat				Back			
Lymph nodes				Shoulder/Arm			
Heart				Elbow/Forearm			
Pulses				Wrist/Hand			
Lungs				Hip/Thigh			
Abdomen				Knee			
Genitalia (males only)				Leg/Ankle			
Skin				Foot			

☐ Cleared without restriction  
☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_

Name of Physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Signature of Physician \_\_\_\_\_

## 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 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 523).

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 202, there could be penalties for false or fraudulent information.

We also understand that the \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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Printed Name of Student Athlete

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Signature of Student Athlete

Date

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Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

# Pursuing Victory With Honor\*

## Code of Conduct for Parents/Guardians

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character”<sup>SM</sup>). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child’s sports experience.

### TRUSTWORTHINESS

- *Trustworthiness* — Be worthy of trust in all you do.
- *Integrity* — Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what’s right even when it’s unpopular or personally costly.
- *Honesty* — Live honorably. Don’t lie, cheat, steal or engage in any other dishonest conduct.
- *Reliability* — Fulfill commitments. Do what you say you will do.
- *Loyalty* — Be loyal to the school and team; Put the interests of the team above your child’s personal glory.

### RESPECT

- *Respect* — Treat all people with respect at all times and require the same of your student-athletes.
- *Class* — Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- *Disrespectful Conduct* — Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- *Respect for Officials* — Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

### RESPONSIBILITY

- *Importance of Education* — Support the concept of “being a student first.” Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.
- *Role Modeling* — Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates

with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.

- *Self-Control* — Exercise self-control. Don’t fight or show excessive displays of anger or frustration.
- *Healthy Lifestyle* — Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-the-counter nutritional supplements, as well as of unhealthy techniques to gain, lose or maintain weight.
- *Integrity of the Game* — Protect the integrity of the game. Don’t gamble or associate with gamblers.
- *Sexual Conduct* — Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

### FAIRNESS

- *Fairness and Openness* — Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

### CARING

- *Caring Environment* — Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team.

### CITIZENSHIP

- *Spirit of the Rules* — Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

*I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.*

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Parent/Guardian Signature

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Date



# Newport Harbor High School Athletics

## HEADS UP – Concussion in High School Sports A Fact Sheet for Parents

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. 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?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear to be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"><li>•Appears dazed or stunned</li><li>•Is confused about assignment or position</li><li>•Forgets an instruction</li><li>•Is unsure of game, score, or opponent</li><li>•Moves clumsily</li><li>•Answers questions slowly</li><li>•Loses consciousness (even briefly)</li><li>•Shows mood, behavior, or personality changes</li><li>•Can't recall events <i>prior</i> to hit or fall</li><li>•Can't recall events <i>after</i> hit or fall</li></ul>	<ul style="list-style-type: none"><li>•Headache or “pressure” in head</li><li>•Nausea or vomiting</li><li>•Balance problems or dizziness</li><li>•Double or blurry vision</li><li>•Sensitivity to light or noise</li><li>•Feeling sluggish, hazy, foggy, or groggy</li><li>•Concentration or memory problems</li><li>•Confusion</li><li>•Just not “feeling right” or is “feeling down”</li></ul>

### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.



- Ensure that they follow their coaches' rules for safety and the rules of the sport.

- Encourage them to practice good sportsmanship at all times.

### What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Dis courage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine”.
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:  
Don't assess it yourself. Take him/her out of play.  
Seek the advice of a health care professional.

### It's better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

We acknowledge, that per California state law (AB25), athletes sustaining a concussion/head injury in an athletic activity outside of the regular school day must be immediately removed from the activity. The student shall not return to the activity until evaluated by a licensed healthcare provider. A written clearance from the provider is needed for the student to return to activity. Please contact your school if you need further information.

Student name: \_\_\_\_\_ Sports Played: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To learn more about concussion/head injury:

UC Irvine Healthcare [http://www.healthcare.uci.edu/sports\\_concussion/index.asp](http://www.healthcare.uci.edu/sports_concussion/index.asp)  
California Interscholastic Federation <http://www.cifstate.org/index.php/the-latest-news/concussions>  
American Academy of Pediatrics <http://aappolicy.aappublications.org/cgi/contest/full/pediatrics.126/3/597>