

Tulare Joint Union High School District Sports Clearance Packet



The Tulare Joint Union High School District is pleased to inform you that we offer the convenience of online athletic registration through our partner company, Home Campus <https://www.homecampus.com/login>

Home Campus is a secure registration platform that provides you with an easy, user-friendly way to register for athletics.

When you register through Home Campus, the system keeps track of your information in your Home Campus profile so you enter your information only once in your student's high school career. Each year thereafter your information repopulates so you don't have to input the information again.

HOME CAMPUS

Sign up for your secure Home Campus account at <https://www.homecampus.com/login> by entering your family name, email address and password (save your password). You will receive an email with a link to activate your account.

- 1) Visit <https://www.homecampus.com/login>
- 2) Create an account
- 3) Type in School & Confirm School Address
- 4) Select Year
- 5) Add Sports - participating in multiple sports - Use Add New Sport button
- 6) Complete All Required Fields -Click Submit Completed Application
- 7) Confirmation Message - Your clearance is ready for review by your school
- 8) Turn your athletic clearance packet including physical signed by MD, Insurance Form, Drug Testing Consent form and Copy of Medical Insurance Card into the School Nurse.

PHYSICAL FORM

Physicals need to be completed by a physician (not a chiropractor) and are good for one year after the date of completion.

DRUG TESTING CONSENT FORM

Random drug testing will occur for all athletes throughout the year. If you are taking a prescription medication, please provide documentation from the doctor to the site LVN.

ATHLETIC REGISTRATION AND INSURANCE FORM

All prospective participants must complete this form, provide proof of medical insurance, and have a parent/guardian signature authorizing their participation in any activity or practice. Please make sure this is accurate and updated for the current school year.

STUDENT ACCIDENT PROTECTION PLAN

Students are required to provide a copy of their health insurance card or purchase health insurance through the school. Log on to <https://www.peinsurance.com>. You may sign up online and print proof of your coverage and attach to this document or print the brochure, complete and bring to your coach to forward to the insurance company with your payment.

**TULARE UNION HIGH SCHOOL DISTRICT
Athletic and Activity/Club Registration Form**

My student wishes to participate in the following sports or activities

<input type="checkbox"/> Cross Country	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Basketball	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Baseball	<input type="checkbox"/> Tackle Football	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Softball	<input type="checkbox"/> Hockey	<input type="checkbox"/> Golf	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Band/Orchestra
<input type="checkbox"/> Badminton	<input type="checkbox"/> Swimming	<input type="checkbox"/> Water Polo	<input type="checkbox"/> Drill Team	<input type="checkbox"/> Other()

All prospective participants must complete these materials, provide proof of medical insurance and have a parent/guardian signature authorizing their participation prior to participation in any activity or practice.

Student Name (Please Print)	School	Date of Birth	Grade
Address - Street	Apt.	City	Zip
			Home Phone

CALIFORNIA LAW

The California Education Code (Sections 32221-32224 and 49470-49474) requires that each member of an athletic team shall have insurance coverage for medical and hospital expenses in an amount of at least \$1,500 while practicing for or participating in athletic activities under the jurisdiction of a public school district. "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. "Member of an athletic team" also includes members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally insured programs. Information about these programs which include other comparable no-cost or low-cost local, state or federally sponsored health insurance programs, may be obtained by calling 1-800-722-3365 or the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

INSURANCE PROTECTION

Parents/Guardians must provide proof of insurance and complete and sign the following athletic waiver of insurance as evidence of other insurance coverage, or purchase Student Accident Insurance made available by the Tulare Union High School District before the student is eligible to participate in athletic events.

Option A **Personal Insurance** - I hereby declare that my student, _____, has medical insurance in the amount of at least \$1,500 administered by _____ Insurance Co., Policy #____, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing for or participating in athletic events. Therefore, I do not want my student to subscribe to membership in the insurance program made available through the school district for accidental bodily injury and hereby release the Governing Board and school officials of the Tulare Union High School District from any and all responsibility to provide the insurance required under California Education Code Section 32220-32224. I WILL NOTIFY THE SCHOOL OF ANY CHANGE OR LAPSE IN THE ABOVE COVERAGE.

A copy of the student's proof of medical insurance is attached.

Option B **I wish to participate in the Student Accident Plan made available by Tulare Union High School District.**

An insurance enrollment form should accompany this form, or you can obtain one online at the Student Insurance provider website.

1. Log on to www.peinsurance.com. Under "Products", click on "Students", then click the appropriate link for a Brochure in English or Spanish. **You may also sign up online and print proof of your coverage (attach to this document) OR**
2. Print Brochure, complete and bring to your coach or athletic director to forward to the insurance company with your payment.

A copy of the student's proof of insurance is attached.

Signature of Parent/Guardian

Date _____

SPORTS WARNING STATEMENT

Participating in competitive athletics may result in severe injury, including paralysis or death. Players can reduce the risk by reporting all physical problems to their coaches, following coaches' instructions regarding playing techniques, training and other team rules, etc., and agreeing to obey such instructions. Even if all these requirements are met, a serious accident may still occur.

PARENT PERMISSION

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE** and **HOLD HARMLESS** the Tulare Union High School District from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge of the Tulare Union High School District from all liability includes any defect or alleged negligence attributed to the Tulare Union High School District or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/activity. (_____) **(to be initialed by the student and/or parent or guardian)**

I, _____, being the parent/legal guardian of _____ (student), have read the above release. I understand and agree to its terms. I understand that all sports can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I am signing this document on my own behalf, as well as on behalf of my student athlete.

Signature of Parent/Guardian

Date _____

STUDENT ATHLETE DRUG TESTING

EXHIBIT "A"

STUDENT ATHLETE DRUG TESTING CONSENT FORM

I understand after having read the Drug Testing Policy for the Tulare Joint Union High School District, set forth in Board Policy and Administrative Regulation 5131.61, that out of concern for my safety and health, the Board of Trustees and the District have established and enforce rules and consequences regarding the use of illegal drugs and controlled substances. I realize that the personal decisions that I make daily in regard to the use of illegal drugs or controlled substances may affect my health and well-being, pose a danger to those around me, and reflect negatively upon the District athletic program with which I am associated. If I choose to violate school policy regarding the use of illegal drugs or controlled substances, I understand that I will be subject to the restrictions of my participation as outlined in the policy.

I authorize Tulare Joint Union High School District to conduct a test on a urine specimen which I provide to test for illegal drugs and controlled substances, including but not limited to those drugs and controlled substances identified in District policy and regulation and/or set forth below. I also authorize the exchange of information concerning the results of such a test between the Tulare Joint Union High School District, my parent(s) and/or guardian(s), and the contracted drug testing agency, Recovery Resources.

This shall be deemed a consent pursuant to the Family Education Right of Privacy Act (20 U.S.C. § 1232g; 34 C.F.R. Part 99) and the Education Code (sections 49076 et seq.) for the release of the above information to the parties named above.

Print Student's Name

Student Signature

Date

- 1) I agree to provide with this form a written copy of the prescription my child is presently taking or a physician's written verification of the prescription.
- 2) I agree to provide with this form written verification from a physician regarding any medical condition that prevents my student from producing a urine sample within sixty (60) minutes.
- 3) I understand test results other than Redwood Testing Laboratories will not be accepted.

I have read and agreed to the above terms of participation of my son/daughter.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

The testing service will include tests for, but not be limited to, one or more of the following illegal drugs and/or controlled substances: marijuana metabolite, cocaine metabolite, opiates, phencyclidine (PCP), amphetamines, alcohol, benzodiazepines, barbiturates, propoxyhene (Darvocet), methadone, oxycotin, designer drugs and steroids.

Parents may withdraw authorization to test students, with written notification to: Assistant Superintendent at the District Office, 426 N. Blackstone St., Tulare, California 93274. The only consequence for such withdrawal is that the student will no longer be able to participate in District athletics.

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (check one): Y N

Have you been immunized for COVID-19? (check one): Y N If yes, have you had: One shot Two shots
 Three shots Booster date(s)

List past and current medical conditions.

Have you ever had surgery? If yes, list all past surgical procedures.

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No	
25. Do you worry about your weight?				
26. Are you trying to or has anyone recommended that you gain or lose weight?				
27. Are you on a special diet or do you avoid certain types of foods or food groups?				
28. Have you ever had an eating disorder?				
MENSTRUAL QUESTIONS		N/A	Yes	No
29. Have you ever had a menstrual period?				
30. How old were you when you had your first menstrual period?				
31. When was your most recent menstrual period?				
32. How many periods have you had in the past 12 months?				

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

