

Baldwin Park Unified School District
MEDICAL REPORT FOR ATHLETIC PARTICIPATION
2009-2010 School Year
Baldwin Park High School

ASB Card: Yes No

Student Name: _____ Age: _____ Birthdate: ___/___/___ Sex: F M

Address: _____ Phone: (_____) _____ Grade: _____

Student ID Number: _____

SECTION A - PARENT CONSENT

Please fill in section A before your student can be enrolled in inter-school competitive sports. Check all sports in which your student would like to participate.

- | | | | | |
|-------------------------------------|--|-------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Track | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Volleyball | | |

Has your student had the following: *(state age and date)*

Allergy: Medication _____ Other _____ Asthma _____ Heart Disease _____

Polio _____ Rheumatic Fever _____ Seizures _____ Tuberculosis _____

Recurrent muscle or joint pains _____ Serious Illness _____ Serious Injury _____

Has your student ever been advised not to participate in competitive athletics? Yes No

Under regular care of doctor (Name of doctor): _____

*I have read the general information provided by the school and agree to the provisions contained therein. I hereby give my permission for the above named to participate in competitive athletics and to go with a representative of the school on any trips. **IN CASE THIS STUDENT IS INJURED, YOU ARE AUTHORIZED TO HAVE MY STUDENT TREATED.** I understand that I must provide medical insurance that will cover my student while participating in athletics.*

Please submit a photocopy of insurance card.

Health/Accident insurance Carrier: _____ Policy No.: _____

Parent/Guardian Signature: _____

SECTION B - PHYSICIAN STATEMENT MEDICAL EXAMINATION FOR BPUSD HIGH SCHOOL ATHLETICS

Student Name: _____ Age: _____ Height: _____

Weight: _____ Blood Pressure: _____ / _____ Pulse Rate: _____ Recovery Rate: _____

	Normal	Abnormal
HEENT		
Heart		
Lungs		
Genitalia		
Extremities		

Allergy to medication: _____ Apparent cavities in teeth? _____ Bridge/false teeth? _____

Note: Claims for dental benefits will not be paid if teeth are defective.

I certify this person is physically fit for athletic competition:

Physician's Signature: _____ Date: _____

Address: _____ Phone: (_____) _____

SECTION C - ATHLETIC PARTICIPATION POLICY

When a student in the Baldwin Park Unified School District becomes a member of an athletic team, it is understood that he or she is a representative of the high school. Due to this fact, it is necessary that all members of athletic teams conduct themselves on and off campus in such a fashion as to be a credit to the high school or organization.

Poor conduct, your attitude, and failure to abide by training rules may be grounds for dismissal from an athletic team. If an athlete violates regulations set forth by the coach of that sport has the right to suspend the athlete from the team or may request a hearing by the Athletic Board for the purpose of removing from the sport that athlete committing the violations.

An athlete has the right to appeal his or her dismissal from an athletic team to the Athletic Board. The Athletic Board is comprised of the following members: Administrator, Director of Athletics and the Head Coaches of each sport. The Athletic Board will make a decision on the appeal subject to the approval of the principal.

We encourage your student athlete to maintain good health and nutrition habits and can provide information that may help. We believe in proper hydration during practice and games of all athletic events especially during hot weather.

I have read and understand the above policy.

Athlete Signature: _____ Parent/Guardian Signature: _____

I, _____, the parent or guardian, understand that my child, _____, will be participating in a high risk activity in which injuries may occur, even catastrophic.
Name of Student

Parent/Guardian Signature: _____ Date: _____

SECTION D - ATHLETIC PARTICIPATION POLICY

Sport: _____ Coach: _____ Date: _____

Level (circle one): V JV Frosh/Soph Season: Fall Winter Spring

Falsification of any portion of this document may result in forfeiture of individual and team eligibility and loss of record. All items must be completed before the application will be accepted for consideration. You MUST use your given name.

1. Name: _____ Sex: F M
Last First Middle

2. Address: _____ City: _____ State: _____

3. Grade: _____ Age: _____ Birthdate: ___/___/___ Phone: (____) _____

4.	School(s) Attended	Sports	Level Played	Year
9 th Grade	_____	_____	_____	_____
10 th Grade	_____	_____	_____	_____
11 th Grade	_____	_____	_____	_____
12 th Grade	_____	_____	_____	_____

5. I reside with: Both parents Mother Father Relative
 Other My self (age 18) A court appointed guardian Friend

6. My residence is within this school's attendance boundaries: Yes No

If no, please explain: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This form MUST BE completed and returned before an athlete will be permitted to or participate in any practice or in any interscholastic athletic event.