

Durham High School
Athletic Packet
2011 — 2012

Dear Parents/Student Athlete:

Please complete the attached forms and turn in to your coach.

Please note that according to our Student Handbook requirements, all athletes must have an ASBO card (cost of \$25 for the school year). You may purchase your card at your class registration night.

Thank you!

Durham Unified School District
Durham High School
Transportation Request
2011 - 2012 School Year

Dear Parents & Guardians:

The Durham Unified School District requests a yearly transportation fee of \$40.00 per athlete per sport.

Due to the rising cost of transportation the Transportation Fee is *essential*. Please take the time to fill out the form below. Make checks payable to DUSD (Durham Unified School District) and have your child turn in the money and the form to the Athletic Director at the high school office.

Athlete's Name _____ Sport (s) _____

_____ I will pay the Transportation Fee of: \$40.00 per athlete per sport

Parent or Guardian Signature

Date

Durham Unified School District

INSURANCE COVERAGE

California law (Education Code Section 32220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic athletic event, including song leaders, cheer leaders, team mascots, band members, team managers, etc., to possess accidental bodily insurance providing at least \$1,500 of scheduled medical and hospital benefits. Students are not to engage in interscholastic athletic practice, games, or associated activities until the pertinent parts of this certificate have been completed and filed with the administrator of their school. Please specify on the form below the required insurance coverage that you have provided for your son/daughter.

Medical and hospitalization: (check one)

North American Life & Casualty Co. (Myers-Stevens)

Other:

Company _____

Policy # _____

Please check with your agent to be sure your plan includes tackle football.

EMERGENCY INFORMATION:

Parent/Guardian: Father _____

Mother _____

Phone (Home) _____

Phone (Work) _____

Father _____

Mother _____

Mother _____

Father _____

Person to be contacted if parents cannot be reached:

Name _____

Phone _____

PARENTAL PERMISSION TO PARTICIPATE:

I hereby give my consent for my son/daughter/ward to compete in interscholastic athletics in the Durham Unified School District and go with a representative of the school on any trips. I understand that the Durham Unified School District will not provide medical services, hospital services, or accident insurance. In case my son/daughter/ward is injured, school district personnel are authorized to seek treatment. I assume full responsibility in case of injury. I certify that _____ has insurance coverage which meets the intent of Education Code Sections 32220-21 as stated on this form.

Signed: _____

(Parent/Guardian)

SPORTS CANDIDATE

QUESTIONNAIRE

2011-2012 School Year

SPORTS CANDIDATE QUESTIONNAIRE

(to be completed by parent/guardian or physician)

Name: _____
 D.O.B. _____ Phone: _____
 Home Address: _____
 Parent/Guardian: _____

1. Has had injuries requiring medical attention Yes No
2. Has had illness lasting more than a week Yes No
3. Is under a physician's care now Yes No
4. Takes medication now Yes No
5. Wears glasses Yes No
6. Wears contact lenses Yes No
7. Has had a surgical operation Yes No
8. Has been in hospital (except for tonsillectomy) Yes No
9. Do you know of any reason why this individual should not participate in all sports? Yes No

Please explain any "Yes" answers to the above questions:

10. Has had complete poliomyelitis immunization by inoculation (Salk) or oral vaccine (Sabin) Yes No
11. Most recent tetanus toxoid immunization: Yes No
 Was this a booster? Yes No
12. Has seen a dentist within the past six months Yes No

Signature of parent/guardian or physician _____

HEALTH EXAMINATION FORM

(to be completed by physician)

Please print:
 Name: _____
 School: _____ Grade: _____
 Age: _____ Height: _____ Weight: _____ Pressure: _____
 Significant past illness or injury: _____

Eyes _____ R 20/ _____ L 20/ _____ Ears _____ R _____/15 L _____/15
 Respiratory _____
 Cardiovascular _____
 Liver _____ Spleen _____
 Musculo-skeletal _____ Skin _____ Hernia _____
 Neurological _____ Genitalia _____
 Laboratory: Urinalysis _____ Other _____
 Comments: _____

I certify that I have on this date examined this student and find him/her physically able to compete in supervised activities **NOT CROSSED OUT** **BELOW**:

| | | | |
|---------------|----------|--------------|--------|
| BASEBALL | GOLF | TRACK | OTHER: |
| BASKETBALL | SWIMMING | VOLLEYBALL | _____ |
| CROSS COUNTRY | SOCCER | WRESTLING | _____ |
| FOOTBALL | SOFTBALL | CHEERLEADING | _____ |

SIGNATURE OF EXAMINING PHYSICIAN: _____
 DATE OF EXAM: _____ PHONE: _____
 PHYSICIAN'S ADDRESS: _____