

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) Father _____ Mother _____

Phone (Work) Father _____ Mother _____

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**

2009-2010 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: _____
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 _____ Hernia _____
 Musculo-skeletal _____ Skin _____
 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	SWIMMING	VOLLEYBALL	OTHER:
BASKETBALL	SOCCER	WRESTLING	_____
CROSS COUNTRY	SKIING		_____
FOOTBALL	TRACK		_____
GOLF	CHEERLEADING		_____

SIGNATURE OF EXAMINING PHYSICIAN: _____

DATE OF EXAM: _____ PHONE: _____

PHYSICIAN'S ADDRESS: _____