

North Bay Christian Academy

ATHLETIC PARTICIPATION CLEARANCE FORM

(Submit pages 1-5 to Athletic Director)

Parental Permission: I/we consent to the following:

A) _____ has my/our permission to participate in the following sports this school.
(student name)

M F Grade Level _____ Fall _____ Winter _____ Spring _____
 Circle name of sport name of sport name of sport

B) **Has your student attended another high school within the past 12 months? If so, name:** _____
I/we are aware of the CIF/NCS/ transfer policy as outlined on the back of this page.

C) I have read and understand all the information on this form.

D) I/we permit the above named student to compete in interscholastic athletics and travel to away competitions, including overnight. If he/she is injured, the coach and/or school official is authorized to have him/her treated.

E) I am aware that academic eligibility for Fall sports is based on June grades. **Entering 9th grade athletes must attach a June report card with this form.**

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | | | |
|--------------------|----------------------------|---------------------|--------------------------|
| 1. Sprains/strains | 3. Concussions | 5. Paralysis | 7. Communicable diseases |
| 2. Fractured bones | 4. Head and/or back injury | 6. Loss of eyesight | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the North Bay Christian Academy

I understand and acknowledge that in order to participate in these activities; I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that North Bay Christian Academy its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK** information, all information provided is truthful and that I understand and agree to its terms.

1. Parent/Guardian Signature _____ **Date** _____

Address: _____ **e-mail:** _____

Phone: Mother (h) _____ (w/c) _____ City _____ Zip _____
 Father (h) _____ (w/c) _____

2. Medical issues of which the school/coach should be aware:

3. In case of injury/emergency (when parents/guardian is not available) notify:

Name/relationship _____ Phone(s) _____

4. Insurance Certification: This certifies that the above named student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year

Insurance Carrier _____ Policy # _____

5. Doctor's Certification: Please complete the attached medical clearance forms as follows:

1. **CIF PRE-PARTICIPATION PHYSICAL EVALUATION:** CLEARANCE FORM (completed by physician and returned to school athletic director)
2. **CIF PRE-PARTICIPATION PHYSICAL EVALUATION:** HISTORY FORM (completed by athlete/family and retained by physician in medical record)
3. **CIF PRE-PARTICIPATION PHYSICAL EVALUATION:** PHYSICAL EXAMINATION FORM (completed by physician and retained in medical record)

**CIF PRE-PARTICIPATION PHYSICAL EVALUATION:
CLEARANCE FORM (TO BE SIGNED BY PHYSICIAN AND RETURNED TO ATHLETIC DIRECTOR)**

Name _____ Male Female Age _____ Date of Birth _____

Sports: Fall _____ Winter _____ Spring _____

CLEARANCE

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendation for further evaluation or treatment for: _____

- Not cleared Pending further evaluation
 - For any sports
 - For certain sports _____ Reason _____

Recommendations:

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parents/guardian.

Name of physician (print/type) _____ MD or DO

Signature _____ Date of Examination _____

Address _____ Phone _____

EMERGENCY INFORMATION

ALLERGIES:

OTHER INFORMATION:

CIF PRE-PARTICIPATION PHYSICAL EVALUATION: HISTORY FORM (TO BE RETAINED BY PHYSICIAN)
 (This form is to be filled out by the parent/patient prior to seeing the physician. The physician should keep this it in the medical chart.)

Name _____ Date of Exam _____ School _____
 Gender _____ Date of Birth _____ Grade _____ Sport(s) _____

Medicines and Allergies: Please list all the prescriptions and over-the-counter medicines and supplements (herbal and medicinal) that you are currently taking:

 Do you have any allergies? Yes No If yes, please identify the specific allergy(ies): Pollens _____ Food _____ Medicines _____
 Insects _____ Other _____

Explain 'yes' answers on the back of this page. Circle questions you don't know the answer to.

GENERAL QUESTIONS	Yes	No	23. Do you have a bone/muscle/joint injury bothering you?		
1. Has a doctor ever denied or restricted your participation in sports for any reason?			24. Do any of your joints become painful, swollen, feel warm or look red?		
2. Do you have any ongoing medical conditions? Identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____			25. Do you have any history of juvenile arthritis or connective tissue disease?		
3. Have you ever spent the night in a hospital?			MEDICAL QUESTIONS		
4. Have you ever had surgery?			26. Do you cough, wheeze or have difficulty breathing during or after exercise?		
HEART HEALTH QUESTIONS ABOUT YOU			27. Have you ever used an inhaler or taken asthma medicine?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			28. Is there anyone in your family who has asthma?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			29. Were you born without or are you missing a kidney, n eye, a testicle (males), your spleen or any other organ?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			30. Do you have groin pain or painful bulge/hernia in the groin?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other _____			31. Have you had infectious mononucleosis (mono) in the last month?		
9. Has a doctor ever ordered a test for your heart? (i.e. EKG/ECG, echocardiogram)			32. Do you have any rashes, pressure sores or other skin problems?		
10. Do you get light-headed or feel more short of breath than expected during exercise?			33. Have you had a herpes or MRSA skin infection?		
11. Have you ever had an unexplained seizure?			34. Have you ever had a head injury or concussion?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			36. Do you have a history of seizure disorder?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			37. Do you have headaches with exercise?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, anthrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic centricular tachycardia?			38. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?		
15. Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			39. Have you ever been unable to move your arms or legs after being hit or falling?		
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			40. Have you ever become ill while exercising in the heat?		
BONE AND JOINT QUESTIONS			41. Do you get frequent muscle cramps while exercising?		
17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or game?			42. Do you or someone in your family have sickle cell trait or disease?		
18. Have you ever had any broken or fractured bones or dislocated joints?			43. Have you had any problems with your eyes or vision?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			44. Have you had any eye injuries?		
20. Have you ever had a stress fracture?			45. Do you wear glasses or contact lenses?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoxial instability, Down syndrome or dwarfism?			46. Do you wear protective eyewear such as goggles or face shield?		
22. Do you regularly use a brace, orthotics or other assistive device?			47. Do you worry about your weight?		
			48. Are you trying or has anyone recommended that you gain or lose weight?		
			49. Are you on a special diet or do you avoid certain types of foods?		
			50. Have you ever had an eating disorder?		
			51. Do you drink alcohol or use any prescription or over-the-counter or illegal drugs?		
			52. Have you ever taken anabolic steroids or used any other supplement to gain or lose weight or improve performance?		
			53. Do you have any concerns that you would like to discuss with a doctor?		
			FEMALES ONLY		
			54. Have you ever had a menstrual period?		
			54. How old were you when you had your first menstrual period?		
			55. How many periods have you had in the last 12 months?		

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

Signature of student _____ Signature of parent _____ Date _____ ©

**CIF PRE-PARTICIPATION PHYSICAL EVALUATION:
PHYSICAL EXAMINATION FORM (TO BE RETAINED BY PHYSICIAN)**

Name _____ Date of exam _____

PHYSICIAN REMINDERS (This form should be kept in the medical records)

1. Consider additional questions on more sensitive issues.
 - o Do you feel stressed out or under a lot of pressure?
 - o Do you ever feel sad, hopeless, depressed or anxious?
 - o Do you feel safe at your home or residence?
 - o Have you ever tried cigarettes, chewing tobacco, snuff or dip?
 - o During the past month, have you used cigarettes, chewing tobacco, snuff or dip?
 - o Do you always wear a seat belt, use a helmet and use condoms.

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION		
Height _____	Weight _____	Date of birth: _____
BP / (/)	Pulse _____	Corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vision: R 20/ _____ L 20/ _____	
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat: Pupils equal, Hearing _____		
Lymph nodes _____		
Heart ¹ : Murmurs (auscultation standing, supine, ± Valsalva; Location of point of maximal impulse (PMI) _____)		
Pulses: Simultaneous femoral and radial pulses _____		
Lungs _____		
Abdomen _____		
Genitourinary (males only) ² _____		
Skin: HSV, lesions suggestive of MRSA, tinea corporis _____		
Neurologic ³ _____		
MUSCULAR/SKELETAL		
Neck _____		
Back _____		
Shoulder/Arms _____		
Elbow/Forearm _____		
Wrist/Hands/Fingers _____		
Hip/Thigh _____		
Knee _____		
Leg/Ankle _____		
Functional: Duck-walk, single leg hop _____		

¹Consider ECG, echocardiogram and referral to cardiology for abnormal cardiac history or exam
²Consider GU exam if in a private setting. Having a third party present is recommended.
³Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendation for further for further evaluation or treatment for _____
-
- Not cleared Pending further evaluation
- For any sports
- For certain sports _____ Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parents/guardian.

Name of physician (print/type) _____ Signature _____

Address _____

Attachment A (Please Sign at the bottom)

NORTH BAY CHRISTIAN ACADEMY
Concussion Information Form
(to be signed and returned to Athletic Director)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

ATTACHEMENT B

16 PRINCIPLES OF "PURSUING VICTORY WITH HONOR":

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."
2. It's the duty of School Boards, superintendents, school administrators, parents and school sports leadership – including coaches, athletic administrators, program directors and game officials – to promote sportsmanship and foster good character by teaching, enforcing, advocating and modeling these "six pillars of character."
3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.
4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules and they must conduct themselves, on and off the field, as positive role models who exemplify good character.
5. School Boards, superintendents, school administrators, parents and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents and spectators.
6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.
7. The importance of character, ethics and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.
8. School Boards, superintendents, school administrators, parents and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.
9. School Boards, superintendents, principals, school administrators and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical and ethical well-being of student-athletes is always placed above desires and pressured to win.
10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.
11. Everyone involved in competition including parents, spectators, associated study body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting and inappropriate celebrations.
12. School Boards, superintendents, and school administrators of CIF-member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of:
 - 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character.
 - 2) The physical capabilities and limitations of the age group coached as well as first aid.
 - 3) Coaching principles and the rules and strategies of the sport.
13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.
14. To safeguard the health of athletes and the integrity of the sport, school sports program must actively prohibit the use of alcohol, tobacco, drugs and performance-enhancing substances, as well as a demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school's name or reputation. There should be no undue influence of commercial interests. In addition, sports programs must be prudent, avoiding undue dependency on particular companies or sponsors.
16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimensions of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring and good citizens.

ATTACHMENT C

NORTH BAY CHRISTIAN ACADEMY ATHLETIC CODE OF CONDUCT: BP6145/21. AR6145.21**Players will:**

1. Show respect for teammates, coach, opponents and officials.
2. Use no foul language, trash talk, negative gestures or actions to provoke a negative response or fighting.
3. Be in attendance at school a minimum of 4 periods (or 2 block periods) before being allowed to practice or play on any day.
4. Maintain a minimum of a 2.0 GPA according to school and NCS policy.
5. Sign a contract agreeing to the above expectations.

Coaches will:

1. Be consistent, attempt to instruct in a positive manner and use appropriate language at all times.
2. Not tolerate unsportsmanlike behavior actions by players, assistants or volunteer coaches.
3. Place the safety and welfare of players as their highest priority.
4. Allow no student to practice or play in competition without a completed Athletic Participation Clearance form.

Spectators will:

1. Show cordial courtesy to visiting teams and officials.
2. Emphasize the proper ideas of sportsmanship and conduct

NCS/NORTH BAY CHRISTIAN ACADEMY EJECTION POLICY:

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.

Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, Section or state} playoff, etc.).

2. Illegal participation in the next contest by a player ejected in a previous contest.

Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.

3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.

Penalty: The player shall be ineligible for the remainder of the season.

4. When one or more players leave the bench to begin or participate in an altercation.

Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.)

5. Coaches are responsible for determining the cause of ejection for any of their players and are responsible for enforcement of the Ejection Policy. Confusion over the cause for a player's ejection shall not be the basis for allowing a student who has been ejected under an applicable rule to avoid the sanctions required by the Ejection Policy (either prohibition from participation or forfeiture) should a student who is in violation of the Ejection Policy play in a subsequent contest (BOM 10/24/97).

UNSPORTSMANLIKE ACTIONS: AR6145.21

In addition to the official's call, unsportsmanlike conduct will be dealt with by reprimand and counseling by the coach and/or appropriate other school officials. Actions of this nature may lead to benching or suspension or withdrawal of athletic privileges and school disciplinary intervention if the rules/policies are violated.

INAPPROPRIATE BEHAVIOR:

Certain behaviors are considered inappropriate and unacceptable. **The school and athletic department reserve the right to refuse admission or remove persons, including adults, who exhibit such behaviors including, but not limited to:**

1. Repeated berating, humiliating or taunting of our coaches, players or spectators.
2. Repeated berating, humiliating or taunting of our opponent's coaches, players or spectators.
3. Repeated berating and harassment of game officials.
4. Racist, sexist or profane remarks directed at any coach, player, official or spectator.

OFFICIALS:

Officials should be treated with respect during and after contests, even if there is disagreement with their calls. **Any physical confrontation of an official by an athlete may be considered an assault. The athlete may lose athletic eligibility for their entire high school career under CIF Bylaw 211.**

NORTH BAY CHRISTIAN ACADEMY SPORTSMANSHIP GUIDELINES:

PLEASE

- Encourage your team by positively cheering for them
- Sit in the area designated for your school
- Welcome the visiting team and officials with good sportsmanship and respect
- Reserve the front row of the student rooting section for the cheerleaders

NO

- Face painting except a small school logo, mascot or initials not to exceed 2 square inches in size
- Yelling, booing or heckling an official's decision
- Costumes, except for school mascots
- Artificial noise makers like air-horns, cowbells, clappers, megaphones and drums
- Laser pointers

- Throwing things into or out of the crowd
 - Bringing basketballs into the facility
 - Playing basketball during half-time or between games
 - Re-entry into the gym once you leave
- Doors will close at the end of the third quarter.

School personnel are authorized to eject any spectator who displays inappropriate behavior at any