VENTURE ACADEMY FAMILY OF SCHOOLS

INJURY WARNING AND PARENTAL PERMISSION TO PARTICIPATE IN ATHLETICS AND TO BE TREATED IN CASE OF INJURY

Student Name _____

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks **BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURRENCES FROM ATHLETICS.** Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems / injuries to their coaches, following a proper conditioning program and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY. In the case of injury the coach of the involved sport is responsible to see that a complete and accurate accident report be filled out and filed with the athletic director. No athlete who has sustained a severe injury will be allowed to return to practice or competition without permission of the physician in charge.

NOTE: STUDENTS ARE NOT TO ENGAGE IN ANY PRACTICES OR GAMES UNTIL ALL PARTS OF THIS FORM ARE COMPLETED / MET AND TURNED IN TO THE VENTURE ACADEMY ADMINISTRATION OFFICE.

SPORTS CIRCLE the name of the sport s you play: Boys/Girls Soccer, Girls/Boys Volleyball, Field Hockey, Boys/Girls Basketball, Softball, Baseball, Cross Country, Wrestling, Golf, Flag Football, Boys/Girls Middle School/Basketball, Boys/Girls Middle School Baseball

California law (Education Code Sections 3220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic team, athletic event, to possess accidental injury insurance providing at least $1500.00 of scheduled medical and hospital benefits.

Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-880-5305.

_____ I have health or accident insurance for my son / daughter which meets the requirements of California law. List company name and group and policy number here:

_____ (COMPANY NAME) _____ (GROUP OR POLICY #)

I WILL PROMPTLY NOTIFY THE SCHOOL IN THE EVENT INSURANCE COVERAGE NO LONGER APPLIES TO MY SON / DAUGHTER.

The parents / guardians of the above athlete hereby acknowledge and understand that Venture Academy may not provide transportation to all school sponsored activities. I hereby give my consent for my son/daughter to compete in interscholastic athletics sponsored by Venture Academy. I give permission for my child to ride as a passenger in a vehicle driven by another parent. It is fully understood that Venture Academy is in no way responsible, nor does the San Joaquin County Office of Education (SJCOE) Venture Academy assume liability for any injuries, property damage or wrongful death resulting from this non-district transportation or from participation in the activity itself. I understand that SJCOE/Venture Academy will not be heal liable for medical services, hospital services, or accident insurance.

WE ACKNOWLEDGE THAT OUR SON / DAUGHTER HAS PASSED HIS / HER PHYSICAL EXAM, THAT THE INSURANCE INFORMATION IS ACCURATE, AND THAT WE HAVE READ AND UNDERSTAND THE INFORMATION IN THE INJURY WARNING SECTION OF THIS ATHLETIC CLEARANCE FORM. IN CASE MY SON / DAUGHTER IS INJURED, SCHOOL DISTRICT PERSONNEL ARE AUTHORIZED TO HAVE HIM / HER TREATED.

***I have received and read the Athletic Handbook.**

_____ (Mother / Father / Guardian Signature) DATE _____

_____ (Student Signature) DATE _____

Walk-in Physicals:
209-474-3764
$20 cash

Dr. Tekerlek
8829 Davis Rd., #1
Stockton, CA 95209

HRS. M/W/TH/F
8:30am - 11:00am
1:00pm. - 5:30pm

Cleared by _____
Date _____

ATHLETIC CLEARANCE FORM HEALTH HISTORY QUESTIONNAIRE

Name _____ Last _____ First _____ MI

Grade _____ Birthday ___/___/___ Age ____ Male ☐ Female ☐

Address _____ City _____ Zip _____ Home Phone ( ) _____ Cell Phone ( ) _____

THIS MEDICAL HISTORY AND EXAM IS ONLY INTENDED TO DETERMINE ABILITY TO PARTICIPATE IN SPORTS AND IS NOT A SUBSTITUTE FOR REGULAR EXAMS BY YOUR PHYSICIAN.

Have you ever had or do you have any of the following:

YES	NO	
Y	N	1) Head injury
Y	N	2) Back or neck problems or curvature of the spine
Y	N	3) Broken bones, dislocations, or amputations
Y	N	4) Polio or problems with foot, knee or other joints
Y	N	5) Eye injury, eye surgery, eye disease
Y	N	6) Wear glasses, contacts, hearing aid or dentures
Y	N	7) Headaches – other than minor headaches
Y	N	8) Drug addition, mental illness, nervous disorder
Y	N	9) Epilepsy, fits, fainting, or dizzy spells
Y	N	10) Lung trouble, shortness of breath, asthma
Y	N	11) Heart trouble, rheumatic fever
Y	N	12) Anemia, leukemia or other blood disorder
Y	N	13) Diabetes
Y	N	14) Hernia, kidney problem, testicle problem
Y	N	15) Enlarged spleen or liver
Y	N	16) Surgery other than tonsils
Y	N	17) Family history of sudden death
Y	N	18) presently taking any medication (list below)
Y	N	19) Allergic to medicine, foods, bee stings, etc
Y	N	20) Do you have any ongoing medical problems
Y	N	21) Do you know of any reason why you should not participate in sports?

_____ Date of last tetanus immunization. (recommended 3 years)

PLEASE EXPLAIN ANY YES ANSWERS:

EMERGENCY INFORMATION:
Person to contact if parents cannot be reached.

Name _____ Phone ( ) _____

PHYSICAL EXAM

Height _____ Weight _____ Blood Pressure _____

Normal	Abnormal		Normal	Abnormal	
		1) General			6) Heart
		2) TM's			7) Liver/Spleen
		3) PERRL			8) Hernia/Testicles
		4) Teeth			9) Scoliosis
		5) Lungs			10) Musculo-skeletal

I have examined this student and have found him/her:

___ Fit for sports ___ In need of further evaluation ___ Able to participate with the following limitations

1.

2.

___ I recommend the following test/follow up

_____ (Physician Signature) Date ___/___/___ Phone: ( ) _____

8-5-15db