WILLIAM MENDENHALL MIDDLE SCHOOL

Sports Registration Packet 2021-2022

Date: _____

STUDENT INFORMATION:

LAST: _____ FIRST: _____ GRADE: _____

MOTHER'S CELL: _____ FATHER'S CELL: _____

PARENT EMAIL: _____

SPORTS INTEREST: Please complete the interest form for each sport your athlete plans to participate in. (Forms can be found under "Athletics" on the Mendenhall MS website)

My Athlete is interested in: _____

TRYOUT SPORTS (Cuts will be made): Basketball & Volleyball (girls/boys), Golf (co-ed)
PARTICIPATION SPORTS: (No cuts made): Cross Country, Wrestling, Track (all co-ed)

SPORTS DONATION

As way of managing the cost of extracurricular activities without having to cut other important areas, Mendenhall Middle School is encouraging the families of students who participate in athletics and extracurricular activities to provide support, if possible, by making a fair share donation that would go directly to the athletic programs. Donations are purely voluntary and no student will be denied access to or participation in any sport or extracurricular activity, or penalized in any way, based on whether or not his/her family chooses to make a donation or the amount of any such donation.

Please make checks payable to Mendenhall Middle School and turn in to the Athletic Director box in the office. Your support is greatly appreciated.

X-Country (co-ed)	$50.00
Basketball(boys/girls)	$100.00
Volleyball 7th/8th (boys/girls)	$100.00
Volleyball 6th (boys/girls)	$100.00
Wrestling (co-ed)	$100.00
Track (co-ed)	$50.00
Golf (co-ed)	$200.00

ATHLETIC ELIGIBILITY/REQUIREMENTS: (IMPORTANT Please Read Carefully)

1. A "Current Year Physical Form" with verification of an annual physical must be on file in the Office.
2. Students must maintain a **2.0 GPA** and be passing in **ALL** classes with a **'D'** or better for each grading period. Boys' basketball eligibility for 7th grade will be determined by the previous year's final report card.

Each grading period students must maintain a 2.0 GPA, and be passing all classes with a D or better. A student is not eligible with an "F". Eligibility is determined from each trimester report card distribution to the next trimester report card distribution. Boys' basketball eligibility for 7th and 8th grade will be determined by the previous year's final report card. Per District Policy you may request "one time" probation for one grading period. This must be in writing from the student and parent and can be used once during your middle school athletic years. This request will be kept in your permanent file for reference.

A current year "Physical Form" with verification of an annual physical must be on file with the Athletic Director. ATHLETE CLEARANCE LIST WILL BE POSTED ON THE SCHOOL WEBSITE.

ABSENCES: An athlete must attend school for at least 4 periods to be eligible to participate in that days competition.

PARENT CONSENT & WAIVER OF LIABILITY:

I hereby give my consent for the below named student to compete and participate in the Livermore Valley Joint Unified School District approved activity program referenced on this form and to travel with the school representative on authorized school trips, if applicable. I, the undersigned, hereby release and discharge the Livermore Valley Joint Unified School District, officers, employers, agents, servants and volunteers (herein collectively referred to as "District") from all liability arising out of or in connection with the previous described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the below named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that occurs during the above described activity and that results from any cause including the active or passive conduct and or negligence of the District.

I also acknowledge on my behalf and on the behalf of the below named minor that there are risks that are inherent in the above described activity, including the risk of serious injury that may occur through the conduct of other participants, coaches, District, including conduct that may not be part of the ordinary risks of the activity itself. For example, injury may occur through conduct that is not authorized by the rules and regulations of the activity. This release and waiver as set forth in the above paragraph shall also apply to this type of conduct and any resulting injury.

I have carefully read this waiver and release of liability and fully understand its terms and condition and understand that by signing this document that I have given up substantial rights for the named minor and myself.

_____

Athlete Signature

_____

Parents Signature

THIS QUESTIONAIRE IS FOR PATIENT'S MEDICAL RECORD ONLY DO NOT RETURN TO SCHOOL
PLEASE FILL OUT PRIOR TO YOUR APPOINTMENT

SPORTS PHYSICAL PHYSICIAN OFFICE FORM

Name: _____ Date of Birth: _____ Student ID: _____

Sports: _____ School: _____ Grade: ____ Male ☐ Female ☐

EXPLAIN YES ANSWERS BELOW CIRCLE QUESTIONS YOU DO NOT UNDERSTAND

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports?	☐	☐
2. Do you have a medical condition (asthma/diabetes)?	☐	☐
CARDIAC RISK:		
1. Has any relative died of a heart condition suddenly before age 50?	☐	☐
2. Do you or your relatives have a history of:		
a. Heart muscle disease such as hypertrophic cardiomyopathy?	☐	☐
b. Arrhythmia, irregular rhythm, pacemaker WPW (Wolf Parkinson White), Long QT syndrome or other cardiac problem?	☐	☐
c. Marfan Syndrome?	☐	☐
3. Does your heart race or skip beats during exercise?	☐	☐
4. Have you ever had chest pain during exercise?	☐	☐
5. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
6. Do you have a history of high blood pressure?	☐	☐
7. History of a heart murmur (other than innocent murmur) or other heart problem?	☐	☐
8. History of unexplained dizziness with exercise?	☐	☐
9. Have you ever had an ECG or Echocardiogram test for your heart?	☐	☐
10. History of congenital heart disease?	☐	☐
11. History of Carditis or Kawasaki disease?	☐	☐
RESPIRATORY RISK:		
1. History of cough, wheezing, or difficulty breathing during or after exercise?	☐	☐
2. Have you ever used an inhaler or taken asthma medication?	☐	☐
3. Do you have a history of severe allergies to pollens, stinging insects, foods, or grasses?	☐	☐
4. Have you ever been told by a doctor that you have asthma?	☐	☐
5. History of fractured ribs in the last 6 weeks?	☐	☐
NEUROLOGICAL RISK:		
1. History of head or neck injury, or concussion?	☐	☐
2. Have you ever had amnesia or memory loss after a head injury?	☐	☐
3. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or or falling?	☐	☐
4. History of seizures?	☐	☐
5. History of headaches with exercise?	☐	☐
6. Do you have a history of any problems with your eyes or vision?	☐	☐
7. Do you wear glasses or contact lenses?	☐	☐
8. History of neck instability (i.e. Atlantoaxial Instability)	☐	☐

INFECTION RISK:	Yes	No
1. Do you have a history of recurrent or persistent rashes, pressure sores, herpes, or other skin infections?	☐	☐
2. Have you ever been diagnosed or treated for a MRSA infection?	☐	☐
3. History of Mono (EBV) in the last 4 weeks?	☐	☐
4. History of recurrent unexplained fevers, or chronic coughing?	☐	☐
5. Do you or any members of your household have a history of tuberculosis or positive PPD?	☐	☐
6. History of Hepatitis?	☐	☐
7. History of HIV?	☐	☐
ORTHOPEDIC RISK:		
1. Have you ever broken any bones?	☐	☐
2. History of neck or back injury?	☐	☐
3. History of chronic back or neck pain?	☐	☐
4. History of ankle, knee, hip injury?	☐	☐
5. History of wrist, elbow, shoulder injury?	☐	☐
6. Do you have any artificial limbs or prosthetic devices (false teeth)?	☐	☐
OTHER PERTINENT QUESTIONS:		
1. Are you taking any prescription or nonprescription (over the counter) medicines or pills?	☐	☐
2. Are you taking supplements or medications to gain or lose weight?	☐	☐
3. Are you taking medications or supplements to increase your strength or improve your sports performance?	☐	☐
4. Are you trying to gain or lose weight?	☐	☐
5. Were you born without or are you missing a kidney, eye, (if male testicle), (if female ovary) or other organ?	☐	☐
6. History of bleeding or clotting disorder?	☐	☐
7. History of severe muscle cramps or feeling severely ill when exercising in the heat?	☐	☐
8. History of surgery?	☐	☐
9. History of enlarged liver or spleen?	☐	☐
10. History of sickle cell disease/trait?	☐	☐
11. History of Hypoglycemia (low blood sugar)?	☐	☐
12. Any medical changes since your last physical?	☐	☐
FEMALES OLDER THAN 16 (OPTIONAL):		
1. Have you had no periods?	☐	☐
2. Have you gone more than 90 days without a period in the last 6 months?	☐	☐

EXPLAIN "YES" ANSWERS HERE: _____

_____

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

Signature of athlete:_____ Signature of parent/guardian: _____Date:_____

SPORTS PHYSICAL SCHOOL FORM

I grant permission to release the information below to School Personnel.

Signature of Parent/Guardian: _____

NAME: _____ Date of Birth: _____Student ID: _____

Sports: _____ School: _____Grade: _____

Emergency Contact: _____Cell Phone: _____Home Phone: _____

ALLERGIES: _____ MEDICATIONS: _____

Date of Exam: _____ Height: _____ Weight: _____ BMI: _____ Pulse: _____ BP: _____/_____

HEARING: ☐ Passed Right/Left ≤25dcbls (all frequencies) ☐ Failed_____ ☐ Not Done

Vision: R 20/___ L 20/___ Both 20/___ Corrected: ☐ Y ☐ N

U/A: ☐ Normal _____

REQUIRED IMMUNIZATIONS: Measles, Mumps, Rubella, Hepatitis B, Polio, Tetanus, Pertussis, and Varicella/illness.

☐ Up to date (See Attached Vaccine Documentation) ☐ Not up to date, Vaccines Needed: _____

☐ Baseline Concussion Assessment

MEDICAL:	NORMAL	ABNORMAL FINDINGS
General Appearance		
Head eyes/ears/nose/throat		
Neck		
Respiratory		
Heart		
Pulses		
Abdomen		
Skin		
Neuro		
Lymph Nodes		
Genitourinary (males only)		

MUSCULOSKELETAL:	NORMAL	ABNORMAL FINDINGS
Back (including scoliosis screen)		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Assessment/Plan: _____ OFFICE STAMP:

☐ Cleared for all sports without restrictions

☐ Not Cleared for: ☐ All sports ☐ Certain sports:_____

Reason:_____

☐ Deferred requires further evaluation (See Recommendations Below):

☐ Cleared with restrictions (See Recommendations Below):

Recommendations: _____

Name of Physician (print):_____ Address: _____ Phone: _____

Signature of Physician:_____, M.D., D.O., or N.P. Date:_____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine. Rev. March 2012

ESTE CUESTIONARIO ES ÚNICAMENTE PARA EL REGISTRO MÉDICO DEL PACIENTE, NO ENTREGAR EN LA ESCUELA
COMPLETAR ANTES DE LA CITA

FORMULARIO MÉDICO DE APTITUD FÍSICA PARA EL DEPORTE

Nombre: _____ Fecha de nacimiento: _____ ID del estudiante: _____

Deportes: _____ Escuela: _____ Grado: ____ Masculino ☐ Femenino ☐

EXPLIQUE LAS RESPUESTAS AFIRMATIVAS A CONTINUACIÓN, MARQUE CON UN CÍRCULO LAS PREGUNTAS QUE NO ENTIENDA

	Sí	No
1. ¿Alguna vez un médico negó o restringió su participación en una actividad deportiva?	☐	☐
2. ¿Tiene alguna enfermedad (asma/diabetes)?	☐	☐
RIESGO CARDÍACO:		
1. ¿Algún familiar falleció de súbitamente antes de los 50 años por una enfermedad cardíaca?	☐	☐
2. ¿Usted o algún familiar tiene antecedentes de: a. enfermedades cardíacas como cardiomiopatía hipertrófica?	☐	☐
b. arritmia, latido irregular, marcapasos WPW (Wolf Parkinson White), síndrome de QT largo u otro problema cardíaco?	☐	☐
c. síndrome de Marfan?	☐	☐
3. ¿Su corazón se acelera o se saltean latidos cuando hace ejercicio?	☐	☐
4. ¿Alguna vez sufrió de dolores en el pecho mientras hacía ejercicio?	☐	☐
5. ¿Alguna vez se desvaneció o casi se desvaneció mientras o después de hacer ejercicio?	☐	☐
6. ¿Tiene antecedentes de hipertensión arterial?	☐	☐
7. ¿Tiene antecedentes de soplos cardíacos (con excepción de soplos inofensivos) u otro problema cardíaco?	☐	☐
8. ¿Antecedentes de mareos inexplicables durante el ejercicio?	☐	☐
9. ¿Alguna vez se realizó un ECG o electrocardiograma de su corazón?	☐	☐
10. ¿Antecedentes de enfermedades cardíacas congénitas?	☐	☐
11. ¿Antecedentes de inflamación del corazón o enfermedad de Kawasaki?	☐	☐
RIESGO RESPIRATORIO:		
1. ¿Antecedentes de tos, silbidos o dificultad para respirar mientras o después de hacer ejercicio?	☐	☐
2. ¿Alguna vez usó un inhalador o tomó medicación para el asma?	☐	☐
3. ¿Tiene antecedentes de alergias graves al polen, picaduras de insectos, alimentos o hierbas?	☐	☐
4. ¿Alguna vez le dijo un doctor que tiene asma?	☐	☐
5. ¿Antecedentes de costillas rotas en las últimas seis semanas?	☐	☐
RIESGO NEUROLÓGICO:		
1. ¿Antecedentes de lesión o traumatismo en la cabeza o en el cuello?	☐	☐
2. ¿Tuvo alguna vez amnesia o pérdida de memoria después de una lesión?	☐	☐
3. ¿Alguna vez sintió entumecimiento, hormigueo o debilidad en sus brazos o piernas después de un golpe o caída?	☐	☐
4. ¿Antecedentes de ataques?	☐	☐
5. ¿Antecedentes de dolores de cabeza al hacer ejercicio?	☐	☐
6. ¿Tiene antecedentes de problemas con los ojos o de visión?	☐	☐
7. ¿Usa lentes o lentes de contacto?	☐	☐
8. ¿Antecedentes de inestabilidad del cuello (por ejemplo, Inestabilidad Atlantoaxial)?	☐	☐

RIESGO INFECCIÓN:	Sí	No
1. ¿Tiene antecedentes recurrentes o persistentes de erupciones, úlceras por presión, herpes u otras infecciones de la piel?	☐	☐
2. ¿Alguna vez se le diagnosticó o se trató por una infección de estafilococo aureus resistente a la meticilina (MRSA)?	☐	☐
3. ¿Antecedentes de Mono (EBV) en las últimas cuatro semanas?	☐	☐
4. ¿Antecedentes de fiebre recurrente sin justificación o tos crónica?	☐	☐
5. ¿Usted o alguno de los miembros de su hogar tiene antecedentes de tuberculosis o PPD positivo?	☐	☐
6. ¿Antecedentes de hepatitis?	☐	☐
7. ¿Antecedentes de VIH?	☐	☐
RIESGO ORTOPÉDICO:		
1. ¿Se quebró un hueso alguna vez?	☐	☐
2. ¿Antecedentes de lesión de cuello o espalda?	☐	☐
3. ¿Antecedentes de dolor crónico de espalda o cuello?	☐	☐
4. ¿Antecedentes de lesión de tobillo, rodilla o cadera?	☐	☐
5. ¿Antecedentes de lesión de muñeca, hombro o codo?	☐	☐
6. ¿Tiene alguna extremidad artificial o dispositivo protésico (dentadura postiza)?	☐	☐
OTRAS PREGUNTAS RELEVANTES:		
1. ¿Toma alguna medicación o pastillas con o sin prescripción (de venta libre) médica?	☐	☐
2. ¿Toma suplementos o medicamentos para aumentar o bajar de peso?	☐	☐
3. ¿Toma alguna medicación o suplementos para aumentar su fuerza o mejorar su rendimiento deportivo?	☐	☐
4. ¿Está intentando aumentar o bajar de peso?	☐	☐
5. ¿Nació sin o le falta un riñón, ojo, (si es hombre, testículo), (si es mujer, ovario) u otro órgano?	☐	☐
6. ¿Antecedentes de trastornos de la sangre?	☐	☐
7. ¿Antecedentes de calambres musculares agudos o de sentirse muy enfermo al hacer en ejercicio cuando hace calor?	☐	☐
8. ¿Antecedentes de cirugías?	☐	☐
9. ¿Antecedentes de hígado o bazo agrandado?	☐	☐
10. ¿Antecedentes de enfermedad/fenotipo de células falciformes?	☐	☐
11. ¿Antecedentes de hipoglicemia (bajo azúcar en sangre)?	☐	☐
12. ¿Presenta algún cambio desde su última aptitud física?	☐	☐
MUJERES MAYORES DE 16 (OPCIONAL):		
1. ¿Alguna vez le ha faltado el período?	☐	☐
2. ¿Alguna vez le ha faltado el período durante más de 90 días en los últimos 6 meses?	☐	☐

EXPLIQUE LAS RESPUESTAS AFIRMATIVAS AQUÍ:

_____

_____

Por la presente declaro, según mi leal saber y entender, que mis respuestas a las preguntas anteriores son completas y correctas.

Firma del atleta:_____ **Firma del padre/madre/tutor:** _____**Fecha:**_____

FORMULARIO ESCOLAR DE APTITUD FÍSICA PARA EL DEPORTE

Otorgo permiso para entregar la información siguiente al personal de la escuela.

Firma del padre/madre/tutor: _____

NOMBRE: _____ **Fecha de nacimiento:** _____ **ID del estudiante:** _____

Deportes: _____ **Escuela:** _____ **Grado:** _____

Contacto de emergencia: _____ **Celular:** _____ **Teléfono del hogar:** _____

ALERGIAS: _____ **MEDICACIONES:** _____

Fecha del examen: _____ **Altura:** _____ **Peso:** _____ **BMI (Índice de masa corporal):** _____ **Pulso:** _____

Presión arterial: _____/_____

AUDICIÓN: ☐ Aprobado der/izq ≤25dcbls (todas las frecuencias) ☐ No aprobado _____ ☐ No realizado

Visión: D 20/___ I 20/___ Ambos 20/___ Corregido: ☐ S ☐ N U/A: ☐ Normal _____

VACUNAS OBLIGATORIAS: Sarampión, paperas, rubéola, hepatitis B, Polio, tétanos, tos ferina y varicela.

☐ **Al día (consultar certificado de vacunación adjunto)** ☐ **Vencido, vacunas necesarias:** _____

☐ **Evaluación de traumatismo de referencia**

MÉDICA:	NORMAL	HALLAZGOS ANORMALES
Apariencia general		
Cabeza ojos/oídos/nariz/garganta		
Cuello		
Aparato respiratorio		
Corazón		
Pulsos		
Abdomen		
Piel		
Neurológico		
Nódulo linfático		
Tracto genitourinario (solo hombres)		
SISTEMA MUSCULOESQUELÉTICO:	**NORMAL**	**HALLAZGOS ANORMALES**
Espalda (incluye examen de escoliosis)		
Hombro/brazo		
Codo/antebrazo		
Muñeca/mano/dedos		
Cadera/muslo		
Rodilla		
Pierna/tobillo		
Pie/dedos del pie		

Evaluación/plan: _____ **SELLO DE LA OFICINA:**

☐ **Válido para todos los deportes sin restricciones**

☐ **No válido para:** ☐ **Todos los deportes** ☐ **Ciertos deportes:**_____

Motivo: _____

☐ **Derivado porque requiere más evaluación (consultar las recomendaciones a continuación):**

☐ **Válido con restricciones (consultar las recomendaciones a continuación):**

Recomendaciones: _____

Nombre del médico (en imprenta):_____ **dirección:** _____ **Teléfono:** _____

Firma del médico:_____**, M.D., D.O. o N.P. Fecha:** _____

Basado en las recomendaciones desarrolladas por la Academia Americana de Médicos de Familia, la Academia Americana de Pediatras, la Sociedad Médica Americana para la Medicina del Deporte, Sociedad Ortopédica Americana para la Medicina del Deporte y la Academia Osteopática Americana para la Medicina del Deporte. Revisado marzo de 2012