SAN DIEGO JEWISH ACADEMY

האקדמיה היהודית סן-דייגו

The pluralistic community day school

HIGH SCHOOL
ATHLETIC PARTICIPATION FORM

In order for a student athlete to participate in a high school athletic program at SDJA, the following requirements must be met:

1. "Physical Examination" form completed by a Physician or Physician's Assistant once a school year
2. "Health History" form must be completed by the parents once a school year
3. The "Athlete's Agreement and Parent Acknowledgement" form must be signed each season of sport
4. "CIF Athlete's Code of Ethics" must be signed once a school year (available on the SDJA website).
5. Team fee of $250.00 per season. The fee is due by August 8 for fall athletes, Oct 3 for winter athletes and January 6 for spring athletes.

NO STUDENT ATHLETE MAY PARTICIPATE IN ANY ATHLETIC TEAM ACTIVITY, INCLUDING PRACTICE, UNTIL THEY RECEIVE AUTHORIZATION FROM THE ATHLETIC DEPARTMENT

Student's Name: _____

Grade: _____ Date of Birth_____ Male____ Female____

Please Circle Sport to be played

Fall Season Sport: Football - Women's Volleyball - Women's Tennis - Cross Country

Winter Season Sport: Basketball - Soccer

Spring Season Sport: Baseball - Softball - Men's Tennis - Golf

The High School Athletic Participation Form must be returned to the Athletic Department by August 8 for athletes participating in fall sports and October 3 for athletes participating ONLY in winter and/or spring sports.

SDJA Health History

Student Name _____

TO BE COMPLETED AND SIGNED BY PARENTS

Health History
Please circle “YES” or “NO” and explain any “YES” answers.

Head, neck or spinal injury Yes No
Permanent defect Yes No
Seizure, convulsions, or fainting Yes No
Psychiatric disorder Yes No
Dizziness or frequent headaches Yes No
Rheumatic fever Yes No
Eye problem Yes No
Any other disease Yes No
Cardiovascular disease Yes No
Asthma or allergies Yes No
Lung disease Yes No
Broken bones Yes No
Ulcer Yes No
Recent illnesses Yes No
Diabetes Yes No
Recent operations Yes No
Kidney disease Yes No
Current medications Yes No
Muscular disease Yes No
Nervous disorders Yes No
Currently under medical care Yes No

Explanation
Please use this space to explain any “YES” answers from the above health history.

I (parent’s name) _____certify that the information I have provided regarding my child’s health history is true, correct and complete.

Parent Signature _____Date: _____

SDJA
PHYSICAL EXAMINATION
(TO BE COMPLETED AND SIGNED BY A PHYSICIAN OR PHYSICIAN'S ASSISTANT)

Student Name _____

Date of Birth _____

Height ____Weight ____ Blood Pressure _____ Pulse (resting) _____ Pulse (after 2 min. exercise) _____

Vision (R) _____ Vision (R) _____
Vision (L) _____ Vision (L) _____
Vision (Both) _____ Vision (Both) _____
With / without glasses

Part III

CONDITION	NORMAL	ABNORMAL
Peripheral Vision		
Pupillary Reflex		
Accommodation (check both eyes)		
Eyes (note evidence of disease or injury)		
Hearing		
Ears (note evidence of disease or injury		
Lungs / Chest		
Heart (Stethoscope exam required)		
Blood pressure		
Pulse (resting)		
Pulse (after two minutes of exercise)		
Abdomen (note injuries and defects)		
Gastrointestinal (ulceration or disease)		
Spine (note any disease or injury)		
Knee jerk reflex (left and right)		

Recommendations:
[ ] Full, unrestricted participation

[ ] Deferred or no participation at this time because:

[ ] Needs to complete rehabilitation for current condition (s) prior to participation

Notes: _____

[ ] Needs clearance by specialist:

Notes: _____

[ ] Failed. Reason: _____

Physician's Statement:

(Student's name) _____ was examined by me on (date) _____ and found physically fit to engage in high school athletics. Results are to encourage, but in no way guarantee, the fitness and safety of this student athlete

Practitioner Signature: _____ **Date:**_____ **Physician's Stamp HERE**

Athlete's Agreement and Parent Acknowledgement

Athletes Agreement

I understand that:

1. I am responsible for reading and complying with the policies set forth in the SDJA athletic handbook (Available at the SDJA website or athletic department office).
2. I agree to follow and comply with all team expectations as set forth by the coaching staff.
3. Students must attain at least a 2.0 GPA to remain academically eligible for interscholastic athletics
4. Students who will miss a class because of an athletic dismissal must make arrangements beforehand with their teachers to make up any worked that they will miss.
5. Playing/practicing competitive sports can be a dangerous activity that involves the risk of injury. Because of the danger of injury relating to participation in sports, I recognize the importance of following the coaches' instructions regarding playing techniques, use of athletic equipment and other team rules.
6. Proper physical preparation and living a healthy lifestyle will greatly enhance my athletic experience.
7. SDJA athletes are expected to attend all games and practices and are expected to be positive, cooperative team members.

Student signature: _____ Date: _____

Parents Acknowledgement

By signing this form:

1. I give my permission for my child to participate in SDJA athletics.
2. I give my permission for SDJA staff to provide first aid and secure emergency care as needed.
3. I have read, understand and will comply with the policies set forth in the SDJA Athletic Handbook
4. I recognize the importance of teaching my child to follow the coaches' instructions regarding playing techniques, use of athletic equipment and team expectations.
5. I understand that proper physical preparation and living a healthy lifestyle will greatly enhance my child's athletic experience.
6. I understand that to fully benefit from the high school team sports experience; my child must be committed to the team by attending all practices and games.
7. I understand that the failure of my child to abide by the policies set forth in the athletic handbook and team expectations can result in expulsion from the athletic program.

Parent signature: _____ Date: _____