

# **ANNUAL ATHLETIC CLEARANCE PROCESS**

ALL students participating in

SPORTS, CHEER, DANCE, NJROTC & BAND

must obtain an ANNUAL ATHLETIC CLEARANCE before they will be permitted to participate (this includes practices).

## **3 STEP Annual Athletic Clearance Process:**

|           |   |
|-----------|---|
| <b>1.</b> | <b>DISTRICT APPROVED PREPARTICIPATION PHYSICAL EVALUATION FORM</b><br>(ATTACHED & available @ La Habra High School website under ATHLETICS) <ul style="list-style-type: none"><li>• Physical Examination &amp; Clearance Forms – These must be completed by a licensed MD, PA, DO or Surgeon &amp; must have physician signature &amp; office stamp. <u>Kaiser patients may submit Kaiser Physical Form.</u><br/>(Physicals completed by Chiropractor or Nurse Practitioner are NOT accepted).</li><li>• History Form - Parent &amp; student complete &amp; sign</li><li>• Supplemental History Form - please complete if applicable</li></ul> <b>* NOTE: Physical Examination is valid for 12 months</b> |
| <b>2.</b> | <b>GO to AthleticClearance.com</b> - (SEE DETAILED INSTRUCTIONS ATTACHED) <ul style="list-style-type: none"><li>• <b>COMPLETE ALL 5 SECTIONS</b><br/>(Please be sure to complete SECTION 4 with BOTH 8 parent &amp; 8 student signatures)</li><li>• <b>PRINT THE SIGNATURE/CONFIRMATION PAGE, SIGN &amp; ATTACH TO COMPLETED PHYSICAL DOCUMENTS</b></li></ul> <b>*NOTE: DO NOT upload physical to your account.</b>   |
| <b>3.</b> | <b>RETURN COMPLETED PHYSICAL DOCUMENTS &amp; CONFIRMATION PAGE TO LHHS FRONT OFFICE/RM 12</b> <ul style="list-style-type: none"><li>• All documents must be reviewed by Athletic Director before final clearance is issued. Please allow 24 hours once all documents have been submitted.</li></ul>   |
| <b>*</b>  | <b>INSURANCE COVERAGE INFORMATION/PURCHASE</b> - Medical Insurance is required in order to participate. Information is available in the front office or Go to <a href="https://www.myers-stevens.com/enrollment-page/">https://www.myers-stevens.com/enrollment-page/</a>   |

FOR QUESTIONS, PLEASE CALL (562) 266-5200

**ATHLETIC CLEARANCES EXPIRE MAY 15th OF THE CURRENT SCHOOL YEAR & MUST BE RENEWED EACH SCHOOL YEAR.**

## ATHLETIC CLEARANCE INSTRUCTIONS

***ALL STUDENTS MUST BE CLEARED PRIOR TO PARTICIPATING IN ANY SPORTS (including try-outs, practices and games)***

1. GO TO [www.athleticclearance.com](http://www.athleticclearance.com)
2. VISIT La Habra High website for a tutorial
3. Register: New Parents register with a valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate.
4. Login - Returning parents
5. Select "New Clearance" to start the process
6. Choose the school year the student will be competing in, if you are completing for the next school year – it is important to choose that school year. Choose the School the student attends and then choose the sport the student is participating in.
7. Complete STEPS 1-5 (Student Info, Medical History, Parent/Guardian Info., Signatures, Donation) – **PLEASE ENSURE FOR SECTION #4 - THAT BOTH PARENT AND STUDENT SIGNATURE AREAS ARE COMPLETED – Your athletic clearance will be denied if these sections are left blank.**
8. Once you reach the confirmation page and you are clearing for multiple sports you may check those sports at the bottom of the confirmation page before you submit. **PRINT this form, please sign and have student sign.**
9. Attach the confirmation page to your student's Physical Exam Documents –***PHYSICALS MUST BE COMPLETED BY AN M.D., SURGEON OR PHYSICIAN'S ASSISTANT.*** Turn into the front office; this will complete the on-line clearance process. A site review by the AD will be made before issuing the final clearance for the student.

***IF YOU ARE COMPLETING A CLEARANCE FOR A CONTINUING STUDENT OR ADDING AN ADDITIONAL SPORT GO BACK INTO THE ACCOUNT YOU CREATED TO ADD INFORMATION.***

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| EXAMINATION   |        |   |   |
|---|--------|---|---|
| Height  | Weight | <input type="checkbox"/> Male <input type="checkbox"/> Female |   |
| BP / ( / )  | Pulse  | Vision R 20/  | L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL   | NORMAL | ABNORMAL FINDINGS   |   |
| Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul> |        |   |   |
| Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>   |        |   |   |
| Lymph nodes   |        |   |   |
| Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>  |        |   |   |
| Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>   |        |   |   |
| Lungs   |        |   |   |
| Abdomen   |        |   |   |
| Genitourinary (males only) <sup>b</sup>   |        |   |   |
| Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>  |        |   |   |
| Neurologic <sup>c</sup>   |        |   |   |
| MUSCULOSKELETAL   |        |   |   |
| Neck  |        |   |   |
| Back  |        |   |   |
| Shoulder/arm  |        |   |   |
| Elbow/forearm   |        |   |   |
| Wrist/hand/fingers  |        |   |   |
| Hip/thigh   |        |   |   |
| Knee  |        |   |   |
| Leg/ankle   |        |   |   |
| Foot/toes   |        |   |   |
| Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>  |        |   |   |

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider 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 recommendations 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 preparticipation 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 parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction  
 Cleared for all sports without restriction with recommendations 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 preparticipation 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 parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information \_\_\_\_\_  
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\_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

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

Explain "yes" answers here

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

|  |            |           |
|--|------------|-----------|
| 1. Type of disability  |            |           |
| 2. Date of disability  |            |           |
| 3. Classification (if available)   |            |           |
| 4. Cause of disability (birth, disease, accident/trauma, other)  |            |           |
| 5. List the sports you are interested in playing   |            |           |
|  | <b>Yes</b> | <b>No</b> |
| 6. Do you regularly use a brace, assistive device, or prosthetic?  |            |           |
| 7. Do you use any special brace or assistive device for sports?  |            |           |
| 8. Do you have any rashes, pressure sores, or any other skin problems?                                     |            |           |
| 9. Do you have a hearing loss? Do you use a hearing aid?   |            |           |
| 10. Do you have a visual impairment?   |            |           |
| 11. Do you use any special devices for bowel or bladder function?  |            |           |
| 12. Do you have burning or discomfort when urinating?  |            |           |
| 13. Have you had autonomic dysreflexia?  |            |           |
| 14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness? |            |           |
| 15. Do you have muscle spasticity?   |            |           |
| 16. Do you have frequent seizures that cannot be controlled by medication?                                 |            |           |

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

|   | Yes | No |
|---|-----|----|
| Atlantoaxial instability                      |     |    |
| X-ray evaluation for atlantoaxial instability |     |    |
| Dislocated joints (more than one)             |     |    |
| Easy bleeding                                 |     |    |
| Enlarged spleen                               |     |    |
| Hepatitis                                     |     |    |
| Osteopenia or osteoporosis                    |     |    |
| Difficulty controlling bowel                  |     |    |
| Difficulty controlling bladder                |     |    |
| Numbness or tingling in arms or hands         |     |    |
| Numbness or tingling in legs or feet          |     |    |
| Weakness in arms or hands                     |     |    |
| Weakness in legs or feet                      |     |    |
| Recent change in coordination                 |     |    |
| Recent change in ability to walk              |     |    |
| Spina bifida                                  |     |    |
| Latex allergy                                 |     |    |

Explain "yes" answers here

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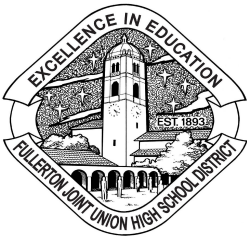
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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



## FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

1051 West Bastanchury Road  
Fullerton, California 92833-2247

Office of the Superintendent  
(714)870-2801  
[www.fjuhsd.org](http://www.fjuhsd.org)

***This document is subject to change in accordance with state and local guidelines.***

**Please read, sign and understand this entire document. There are TWO places for parents to sign and return. Failure to sign BOTH signature pages will result in a delay of the student participating in all activities and athletics.**

### **District Athletic Program and Activities**

The Fullerton Joint Union High School District (“District”) will continue to follow COVID-19 guidelines from the California Department of Education, the National Federation of State High School Associations (NFHS), the Sports Medicine Advisory Committee, (SMAC), CDE Arts Education Guidance, and the Orange County Health Care Agency for all of its athletic programs, activities and contests. Activities permitted to resume are determined according to strict adherence to federal, state, and local public health orders, measures, and other guidance in order to best protect our athletes, staff, and community.

As always, participation in District athletic activities is ***strictly voluntary***. To help athletes/students and parents/guardians understand both the potential risks of participating in athletic activities during pandemic conditions, as well as the precautionary measures implemented by the District in response in order to make informed decisions, athletes and parents/guardians are urged to read and consider the following when deciding whether to return to athletic activities. You are *required* to sign and return the following forms if your child intends to participate in the athletic/activities program *prior* to your child’s participation.

### **Risks of Exposure to COVID-19**

COVID-19 is primarily transmitted from person-to-person through respiratory droplets. The Center for Disease Control (CDC) believes that people of all ages are at risk of experiencing symptoms from COVID-19, though older adults and people with serious underlying health conditions are at a higher risk. While the District has taken drastic and unprecedented measures to try to reduce the risk of COVID-19, it is unfortunately impossible to guarantee our students protection from all risks of COVID-19 exposure.

With this knowledge, you may determine that it is essential to the physical and mental well-being of high school students to return to physical activity and athletic competition as part of the students’ growth and development. Additionally, as recommended by the CDC, there are a number of actions school districts can take to help lower the risk of COVID-19 exposure and

reduce the spread during competition and practice. Therefore, it is the District's goal, through implementations of the protocols described below, to lower the risk of COVID-19 exposure and reduce any potential spread to the maximum extent possible. Following up-to-date guidance on physical school reopening and youth sports organization from the CDC, California Department of Public Health, and the California Department of Education, as well as the latest guidance on for opening up high school athletics and activities from the National Federation of State High School Association, the protocols described below will be implemented in the District's athletic programs and activities during the 2021-2022 school year. To ensure that the implemented protocols are effective efforts to protect our students and staff, it is important that every participant of the District' athletic/activities program, including the coaches and students, pro-actively and strictly follow the protocols, described in detail below.

### **Guidelines Regarding Occupancy:**

- Purple – Widespread – Tier 1: Only outdoor operations are permitted. Outdoor operations may be conducted under a tent, canopy, or other sun shelter as long as no more than one side is closed, allowing sufficient outdoor air movement. Outdoor pools can open. Indoor pools must remain closed.
- Red – Substantial – Tier 2: Indoor operations are permitted but must be limited to 10% capacity. Indoor pools must remain closed.
- Orange – Moderate – Tier 3: Indoor operations are permitted but must be limited to 25% capacity. Indoor pools can open when physical distancing can be maintained for non-household groups.
- Yellow – Minimal – Tier 4: Indoor operations are permitted but must be limited to 50% capacity. Indoor pools can open but physical distancing must be maintained for non-household groups.

For more guidance regarding fitness facilities, please go to this website to read the California Department of Public Health's COVID-19 Industry Guidance for Fitness Facilities, <https://files.covid19.ca.gov/pdf/guidance-fitness--en.pdf>.

### **Student and Parent/Guardian Responsibility**

By permitting my student to participate in the District's athletic program, you acknowledge and agree to all of the following protocols:

- Pre-participation physical evaluation ("PPE") will be required annually for all participants in athletics/activities who have not had pre-participation physical clearance performed and submitted to the District.
- Where possible, online education (such as online training courses for AED/CPR and first aid) will replace in-person training.



- Athletes and participants will follow all indoor and outdoor updated guidance established by the CDPH and OCHCA.
- All coaches and students must maintain 6-foot social distancing while in locker rooms and meeting rooms.
- Cloth face coverings are required to be worn by students and staff before, during all indoor practice sessions, and after practices.
- Prior to individuals entering the facility, hard surfaces and frequently used areas will be wiped down and disinfected; equipment with holes/exposed foam will be covered up.
- All coaches and students are encouraged to practice good hygiene including proper hand-washing, coughing and sneezing etiquette, wiping down weight equipment thoroughly before and after individual use, shower and wash workout clothing immediately upon returning home.
- All coaches and students are encouraged to don attire that limits sweat transfer.
- Hand sanitizer will be provided in common areas.
- Face coverings required to be worn by students with the exception of swimming, distance running, or other high intensity aerobic activity in outside areas only.
- No shared towels, clothing, shoes, water bottle, or use of bottle filling stations will be permitted.
- Balls and other equipment may not be shared and must be cleaned intermittently during practice. Gear and bats must be cleaned between uses.
- Maximum lifts must be limited, power cages should be used where applicable, and if spotters are needed, spotters should stand at each end of the bar to maintain social distancing.
- When not actively engaged in athletic activities, masks must be worn by all students and Coaches, social distancing must be enforced before, during and after practices, and hygiene basics adhered to in all situations.
- Cancellation of training, as well as the possibility of teams isolating for 2 weeks, may happen with little notice as a result of recurrent outbreak or knowledge that a coach or athlete has contracted or is exhibiting symptoms of COVID-19.

#### Appendices:

- FJUHSD Reopening Athletic Activities: <https://docs.google.com/document/d/1tISuuZsvn8uYoVUcRZaVWiTVJEZSFZawaAZliR-hGjQ/edit>
- Athletic Event Game Management: [https://docs.google.com/document/d/1zdLfHjYYoFVHCUiXXB\\_1ZdeLRUyho-7\\_XjkWNo9piE/edit](https://docs.google.com/document/d/1zdLfHjYYoFVHCUiXXB_1ZdeLRUyho-7_XjkWNo9piE/edit)

**My signature below indicates I have read this acknowledgment and agreement form, understand, and agree to allow my student to participate in the athletic program and/or activities program and agree to comply with all Fullerton Joint Union High School District protocols implemented as part of the reinstatement of the athletic and/or activities program.**

**Signature Line 1:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name(s) and DOBs: \_\_\_\_\_

*Please return a signed copy of this form when you submit the athletic clearance paperwork.*

## **Release and Waiver of Liability and Indemnity Agreement**

In consideration of being permitted to participate in the athletic programs, field trip or excursion, sponsored, planned and directed by the Fullerton Joint Union High School District, the undersigned for himself or herself and any personal representatives, heirs, and next of kin, hereby agrees to the following:

1. PARENT/GUARDIAN HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE THE FULLERTON JOINT UNION HIGH SCHOOL DISTRICT, their officers, employees, board and agents (hereinafter referred to as “releases”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss of damage, and any claim or demands therefore on account of injury to the person, exposure to illness, or property or resulting in death of the undersigned, while the undersigned participates in the sponsored athletic/activities program, field trip or excursion, sponsored, planned and directed by the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT.
2. PARENT/GUARDIAN HEREBY AGREES TO INDEMNITY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the athletic/activities program, field trip or excursion, sponsored, planned and directed by the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT;
3. PARENT/GUARDIAN HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE while participating in the athletic/activities program, field trip or excursion, sponsored, planned and directed by the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT.
4. PARENT/GUARDIAN IS AWARE THAT PARTICIPATION IN THE ATHLETIC/ACTIVITIES PROGRAM PRESENTS A RISK OF PHYSICAL HARM. The undersigned is also aware that participating in the athletic/activities programs, field trip, or excursion under pandemic condition may result in exposure to and infection with COVID-19, in addition to an injury that may result while participating in said athletic program. The undersigned is aware of the risk that any part of his/her body or any of his/her body systems may be hurt, injured, or become ill by participating in the athletic program. The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes any and all risks of bodily injury and illness against the Fullerton Joint Union High School District while participating in the athletic program.

PARENT/GUARDIAN further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Signature Line 2:**

**My signature below indicates I have read this waiver and agreement, understand, and agree to its terms.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name(s) and DOBs: \_\_\_\_\_

*Please return a signed copy of this form when you submit the athletic clearance paperwork.*

Letter Updated, 04/30/2021