

HESPERIA UNIFIED SCHOOL DISTRICT ATHLETIC/ACTIVITY CARD

OAK HILLS HIGH SCHOOL

Athlete's Name: Last _____ First _____ Middle _____ M F
 Gender _____ Grade _____ Birth date _____

Home Address _____ City _____ Home Phone _____ Emergency Phone _____

Name of Emergency Contact _____

Have you played high school athletics at another school? No Yes If YES, Name of School _____

Other than Oak Hills High, what other high school have you attended? _____

I have health or accident insurance for my student that meets the requirements of California laws and elect not to purchase student school insurance. I will promptly notify the school in the event the insurance coverage no longer applies to my student.

I have purchased Myers-Stevens student insurance indicated below which meets with the California Education Code Section 32221 required to be made available by public schools.

- ____ Tackle Football Insurance (Covers tackle football only)
- ____ School Time Insurance (Covers all sports other than tackle football)
- ____ 24-Hour Insurance (Covers all sports other than tackle football)

←MUST SUPPLY BOTH→

_____ Insurance Company Name _____ Policy/Group Number _____

To Be Completed by Doctor

I hereby certify that the above-named student is physically fit to engage in sports:

_____ Signature of Physician _____ Date _____

_____ Title _____ State License # _____

Physical Examination:

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____
 General Appearance: Good: _____ Average: _____ Less than Average: _____
 Stature: Slight: _____ Medium: _____ Heavy: _____ Obese: _____
 Muscle Tone: Good: _____ Average: _____ Poor: _____
 Back/Shoulder or Extremity Deformity: No: _____ Yes: _____ Restrictive: No: _____ Yes: _____
 Ears: Evidence of past or present disease: No: _____ Yes: _____ Eyes: Pupils Regular: No: _____ Yes: _____
 EOM's Normal: No: _____ Yes: _____ Nose Obstruction: None: _____ Slight: _____ Restrictive: _____
 Mouth and Teeth: Hygiene: Good: _____ Fair: _____ Poor: _____ Cavities: No: _____ Yes: _____
 Throat: Airway unrestricted: _____ Airway restricted: _____ Chest Excursion: Good: _____ Fair: _____ Poor: _____
 Lungs: Clear: _____ Abnormality: _____ Hernia's: No: _____ Yes: _____
 Heart Tones: Normal: _____ Functional Murmur: _____ Questionable Murmur: _____
 IMPRESSION: Qualified _____ But with the following restrictions: _____
 Referred to family physician for evaluation: No: _____ Yes: _____
 Medical Conditions: _____

PARENT/GUARDIAN TO COMPLETE:

I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with and be supervised by a representative of Oak Hills High School on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

X _____ X _____
 Parent/Guardian Signature _____ Date _____ Student Signature _____ Date _____

