HOOVER ATHLETICS SPORTS INFORMATION & PACKET

Hoover High School will continue to use FamilyID for all sports paperwork. This is a free service provided by Hoover High School. Once you register and complete the paperwork for your child or children, you will not have to register again, just update your information annually. Please follow the directions below on how to complete the paperwork. **Page 2, PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM, and Page 3, COVID 19 Release are to be returned to the Hoover Athletic Trainer.**

Go to this website: https://www.familyid.com/organizations/hoover-high-school
There is also a link on the Hoover High School webpage, www.hooverpates.org.

Register with FamilyID and complete the information for your child. Please sign your child up for the sports they intend to participate in. Once completed, an e-mail will be sent to the Hoover Athletic Department. Keep your login information as you will use this to update annually or if there are any changes. **FamilyID opens for 2020-2021 on June 1, 2020.**

In order to be approved to participate, your child must be **registered with FamilyID** and turned in a **PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM.** A note form the physician is also acceptable. ***All PREPARTICIPATION PHYSICAL EVALUATION forms must be dated ON or AFTER May 1, 2020.***

Page 2, PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM, is to be turned into the Athletic Trainer. Do not leave in mailbox or with anyone else. Coaches will be notified as students are approved to participate.

Page 3, COVID 19 RELEASE FORM, is to be turned in prior to participation. Can be submitted to the head coach.

If you do not have access to a computer to register, please contact the Hoover Athletic Office and we can arrange access at school for you.

If you are having registration issues with FamilyID, please call their support line at 888-800-5583 or e-mail at support@familyid.com.

If you have any questions, please contact the Hoover Athletic Office at 559-451-4064.

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

_____

_____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN

FORMULARIO DE HISTORIAL CLÍNICO

Nota: Complete y firme este formulario (con la supervisión de sus padres si es menor de 18 años) antes de acudir a su cita.

Nombre: _____ Fecha de nacimiento: _____

Fecha del examen médico: _____ Deporte(s): _____

Sexo que se le asignó al nacer (F, M o intersexual): _____ ¿Con cuál género se identifica? (F, M u otro): _____

Mencione los padecimientos médicos pasados y actuales que haya tenido. _____

_____

¿Alguna vez se le practicó una cirugía? Si la respuesta es afirmativa, haga una lista de todas sus cirugías previas. _____

_____

Medicamentos y suplementos: Enumere todos los medicamentos recetados, medicamentos de venta libre y suplementos (herbolarios y nutricionales) que consume. _____

_____

¿Sufre de algún tipo de alergia? Si la respuesta es afirmativa, haga una lista de todas sus alergias (por ejemplo, a algún medicamento, al polen, a los alimentos, a las picaduras de insectos).

_____

_____

Cuestionario sobre la salud del paciente versión 4 (PHQ-4)

Durante las últimas dos semanas, ¿con qué frecuencia experimentó alguno de los siguientes problemas de salud? (Encierre en un círculo la respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
Se siente nervioso, ansioso o inquieto	0	1	2	3
No es capaz de detener o controlar la preocupación	0	1	2	3
Siente poco interés o satisfacción por hacer cosas	0	1	2	3
Se siente triste, deprimido o desesperado	0	1	2	3

(Una suma ≥3 se considera positiva en cualquiera de las subescalas, [preguntas 1 y 2 o preguntas 3 y 4] a fin de obtener un diagnóstico).

PREGUNTAS GENERALES (Dé una explicación para las preguntas en las que contestó "Sí", en la parte final de este formulario. Encierre en un círculo las preguntas si no sabe la respuesta).	**Sí**	**No**
1. ¿Tiene alguna preocupación que le gustaría discutir con su proveedor de servicios médicos?		
2. ¿Alguna vez un proveedor de servicios médicos le prohibió o restringió practicar deportes por algún motivo?		
3. ¿Padece algún problema médico o enfermedad reciente?		
PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR	**Sí**	**No**
4. ¿Alguna vez se desmayó o estuvo a punto de desmayarse mientras hacía, o después de hacer, ejercicio?		

PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR (*CONTINUACIÓN*)	**Sí**	**No**
5. ¿Alguna vez sintió molestias, dolor, compresión o presión en el pecho mientras hacía ejercicio?		
6. ¿Alguna vez sintió que su corazón se aceleraba, palpitaba en su pecho o latía intermitentemente (con latidos irregulares) mientras hacía ejercicio?		
7. ¿Alguna vez un médico le dijo que tiene problemas cardíacos?		
8. ¿Alguna vez un médico le pidió que se hiciera un examen del corazón? Por ejemplo, electrocardiografía (ECG) o ecocardiografía.		
9. Cuando hace ejercicio, ¿se siente mareado o siente que le falta el aire más que a sus amigos?		
10. ¿Alguna vez tuvo convulsiones?		

PREGUNTAS SOBRE LA SALUD CARDIOVASCULAR DE SU FAMILIA	Sí	No
11. ¿Alguno de los miembros de su familia o pariente murió debido a problemas cardíacos o tuvo una muerte súbita e inesperada o inexplicable antes de los 35 años de edad (incluyendo muerte por ahogamiento o un accidente automovilístico inexplicables)?		
12. ¿Alguno de los miembros de su familia padece un problema cardíaco genético como la miocardiopatía hipertrófica (HCM), el síndrome de Marfan, la miocardiopatía arritmogénica del ventrículo derecho (ARVC), el síndrome del QT largo (LQTS), el síndrome del QT corto (SQTS), el síndrome de Brugada o la taquicardia ventricular polimórfica catecolaminérgica (CPVT)?		
13. ¿Alguno de los miembros de su familia utilizó un marcapasos o se le implantó un desfibrilador antes de los 35 años?		
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES	**Sí**	**No**
14. ¿Alguna vez sufrió una fractura por estrés o una lesión en un hueso, músculo, ligamento, articulación o tendón que le hizo faltar a una práctica o juego?		
15. ¿Sufre alguna lesión ósea, muscular, de los ligamentos o de las articulaciones que le causa molestia?		
PREGUNTAS SOBRE CONDICIONES MÉDICAS	**Sí**	**No**
16. ¿Tose, sibila o experimenta alguna dificultad para respirar durante o después de hacer ejercicio?		
17. ¿Le falta un riñón, un ojo, un testículo (en el caso de los hombres), el bazo o cualquier otro órgano?		
18. ¿Sufre dolor en la ingle o en los testículos, o tiene alguna protuberancia o hernia dolorosa en la zona inguinal?		
19. ¿Padece erupciones cutáneas recurrentes o que aparecen y desaparecen, incluyendo el herpes o Staphylococcus aureus resistente a la meticilina (MRSA)?		

PREGUNTAS SOBRE CONDICIONES MÉDICAS (*CONTINUACIÓN*)	Sí	No
20. ¿Alguna vez sufrió un traumatismo craneoencefálico o una lesión en la cabeza que le causó confusión, un dolor de cabeza prolongado o problemas de memoria?		
21. ¿Alguna vez sintió adormecimiento, hormigueo, debilidad en los brazos o piernas, o fue incapaz de mover los brazos o las piernas después de sufrir un golpe o una caída?		
22. ¿Alguna vez se enfermó al realizar ejercicio cuando hacía calor?		
23. ¿Usted o algún miembro de su familia tiene el rasgo drepanocítico o padece una enfermedad drepanocítica?		
24. ¿Alguna vez tuvo o tiene algún problema con sus ojos o su visión?		
25. ¿Le preocupa su peso?		
26. ¿Está tratando de bajar o subir de peso, o alguien le recomendó que baje o suba de peso?		
27. ¿Sigue alguna dieta especial o evita ciertos tipos o grupos de alimentos?		
28. ¿Alguna vez sufrió un desorden alimenticio?		
ÚNICAMENTE MUJERES	**Sí**	**No**
29. ¿Ha tenido al menos un periodo menstrual?		
30. ¿A los cuántos años tuvo su primer periodo menstrual?		
31. ¿Cuándo fue su periodo menstrual más reciente?		
32. ¿Cuántos periodos menstruales ha tenido en los últimos 12 meses?		

Proporcione una explicación aquí para las preguntas en las que contestó "Sí".

_____

_____

_____

_____

_____

_____

_____

Por la presente declaro que, según mis conocimientos, mis respuestas a las preguntas de este formulario están completas y son correctas.

Firma del atleta: _____

Firma del padre o tutor: _____

Fecha: _____

PREPARTICIPATION PHYSICAL EVALUATION
MEDICAL ELIGIBILITY FORM

Name:_____ Date:_____ Student Id:_____

Sport(s) requesting clearance for:_____

HT_____ WT_____ BMI%_____ B/P_____ R / L P_____ RR_____ T_____

Hgb _____ Vision Pass/Fail Corrected ☐ Y ☐ N Hearing RT _____ LT_____

HR after exercise _____; 2 min rest_____ Normal / Abnormal Recovery

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☐ **Medically eligible** for all sports without restriction

☐ **Medically eligible** for all sports without restriction with **recommendations** for further evaluation or treatment of

_____

_____

☐ **Not** medically eligible pending further evaluation of _____

☐ **Not** medically eligible for any sports _____

Recommendations:

_____

_____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) listed on this form. If conditions arise after the athlete has been cleared for participation, the practitioner may rescind the medical eligibility until the problem is resolved.

Name of practitioner (print): _____Date:_____

Address: _____ Phone:_____

Signature of practitioner: _____, CPNP

EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Pertinent health information: _____

_____

_____

_____

Fresno Unified School District

COVID-19 Liability of Risk Return to Goal 2 Engagements

As the parent/guardian of the below-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child's participation in and/or attendance at the Goal 2 engagement (i.e. 2020-21 Varsity Football), such risks include, but are not limited to: injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) waive and release all claims, causes of actions, actions, liabilities, and costs against the Fresno Unified School District (District) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively District Personnel) and hold harmless the District and District Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of, or result from my child's participation in or attendance at such engagement; and (3) assume all obligations for any medical, financial, and other costs and/or liabilities that may be sustained or incurred by my child, myself, or my agents, heirs, and/or successors. Fresno Unified assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned Goal 2 engagement.

Parent/Guardian's Name	**Parent/Guardian Signature**
Parent/Guardian's email address:	**Parent/Guardian's Cell Number:**
Home Address & City	**Zip Code**
Student's Name	**Student Signature**
Student ID#	**Student Date of Birth**
Emergency Contact (1st) Name	**Emergency Cell Number**
Emergency Contact (2nd) Name	**Emergency Cell Number**

EXTRACURRICULAR ACTIVITIES

STUDENT PARTICIPATION

CONSENT AND WAIVER-RELEASE FORM

In giving my permission for my Student to participate in the Activity (identified below), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Fresno Unified School District, its Governing Board of Trustees, officers, employees, and agents for liability based on any and all claims including, but not limited to, for personal injury, bodily injury, property damage or wrongful death occurring to my Student arising in any way whatsoever as a result of engaging in the Activity or any incidental activities wherever or however the same may occur and from whatever period said activities may continue.

I understand that my Student has been advised of all safety rules pertaining to the Activity and the use of protective equipment, if any, by participants. I fully understand that participants are to abide by all rules governing conduct during the Activity and that reasonable efforts are made to avoid the potential for accidents and injuries.

I acknowledge that participants will engage in various physical and practical training, competitive athletics, or interactions with others involving a variety of indoor and outdoor environments, physical interactions, physical contact, and other mobile activities. The specific risks vary from one activity to another, but the risks range from, for example: 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as fractures, dislocations, back injuries, heart attacks, heat stress, and concussions, 3) injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19, and 4) catastrophic injuries including paralysis and death. I know and appreciate that these and other risks are inherent to the Activity in which my Student will engage and/or to the environment where interactions will occur.

If they are sued by a third party, I agree to indemnify and hold harmless the Fresno Unified School District, its Governing Board of Trustees, officers, employees and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought against them as a result of my Student's participation in the Activity indicated. I further agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion is found not to be valid, I agree that the remaining provisions shall continue in full legal force and effect.

Those signing below also knowingly, voluntarily, and expressly assume all risks of personal injury, bodily injury, property damage or wrongful death occurring to the Student arising in any way whatsoever as a result of engaging in the Activity indicated or any incidental activities wherever or however they may occur and for whatever period the activities may continue.

Student Name:_____

Please return this page only

Must be on file in order to participate

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I am signing this document freely and voluntarily, and by my signature below am completely releasing liability to the greatest extent allowed by law.

Student Name: _____ Activity: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event my student should require emergency medical attention due to illness or injury, I consent to any transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary by health care professionals for the safety and welfare of my student. I further understand that, as parent/guardian of student, I will be responsible for any and all resulting and related expenses.

Parent/Guardian Signature _____ Date _____