

**Ernest Righetti High School****Preparticipation Physical Evaluation**Student's  
Name: \_\_\_\_\_

Birth

Date: \_\_\_\_\_

Sex: \_\_\_\_\_

Grade: \_\_\_\_\_

Last

First

MI

Address: \_\_\_\_\_

street

city

zip

Telephone (H): \_\_\_\_\_

Parent(s) or  
Guardian(s) Name: \_\_\_\_\_

Telephone

(W): \_\_\_\_\_

Telephone (C): \_\_\_\_\_

Physician's  
Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

In case of emergency if parents cannot be reached, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

I, the undersigned, being the parent or legal guardian of \_\_\_\_\_, do consent to any medical treatment deemed necessary by the athletic staff (athletic trainer, athletic director, or coach). If, in the judgment of any representative of the school, the above named student needs immediate care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative. I do consent to the transportation of my child for participation in inter-scholastic athletics, and hereby grant any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child when escorted to the treating facility by a teacher, coach, or other employee of SMJUHSD. Further, should the attending physician determine after examination that life-saving surgery or other procedures might be necessary; permission is extended to the above parties to grant it. Additionally I agree to hold harmless such personnel and SMJUHSD by my action of granting said permission.

\_\_\_\_\_  
Signature Parent/Guardian\_\_\_\_\_  
Date**Student/Parent Risk Acknowledgement and Consent for Participation**

\_\_\_\_\_ wishes to participate in the Righetti High School Athletic program. We realize that there are risks involved in participation that include a full range of injuries, from minor to severe. We recognize the possibility that the athlete might die, become paralyzed, or suffer other permanent disability as a result of participation in this sports program. We agree to accept this risk as a condition of participation.

\_\_\_\_\_  
Signature of Student\_\_\_\_\_  
Date\_\_\_\_\_  
Signature Parent/Guardian\_\_\_\_\_  
Date**Athletic Insurance Verification**

The California Education code requires insurance coverage in the amount of at least \$1500.00 for medical and hospital expenses resulting from accidental bodily injury to members of any athletic team injured while participating in, or practicing for, interscholastic events or while being transported to and from such events. I hereby certify that there is held on behalf of \_\_\_\_\_, a student at RHS, an insurance policy in the amount equal to or greater than that required by the California Education Code Section 32220-24 and 35330-31 for medical and hospital expenses resulting from accidental bodily injury while participating in or practicing for, interscholastic events or while being transported to and from such events.

Medical/Health Insurance Company \_\_\_\_\_ Type of Insurance (i.e. PPO or HMO)

Policy Number \_\_\_\_\_

NOTE: Your attention is directed to the fact that many insurance companies exclude tackle football. Please read your policy, you may need additional insurance.

I also agree to indemnify and hold harmless SMJUHSD from any and all responsibility or liability arising out of, or in any way related to the requirement under the aforementioned code section to provide insurance coverage for the above named student.

\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date

Health History (Must be completed by the parent/guardian prior to the physical evaluation)					
	Yes	No		Yes	No
1. Has student ever been hospitalized?			12. Does student have any allergies (medications, bee stings, etc)?		
2. Has student ever had surgery?			13. Has student ever had any skin conditions?		
3. Is student presently taking medication?			14. Has student ever had a head injury?		
4. Has student ever passed out during exercise?			15. Has student ever been knocked out?		
5. Has student ever been dizzy during exercise?			16. Has student ever had a seizure?		
6. Has student ever had chest pain?			17. Has student ever had heat cramps?		
7. Has student ever been diagnosed with asthma?			18. Has student been advised by a physician during the past 3 years to restrict activity level?		
8. Has student ever had high blood pressure?			19. Does student use any special braces or pads?		
9. Has student ever been diagnosed with a heart murmur?			20. Has student ever injured (sprained, fractured, displaced, etc): ___ Ankle ___ Arm ___ Back ___ Chest ___ Elbow ___ Foot ___ Forearm ___ Hand ___ Hip ___ Knee ___ Lower Leg ___ Neck ___ Shoulder ___ Thigh ___ Wrist		
10. Has student ever had racing of the heart or skipped beats?					
11. Has anyone in student's family died of heart problems? Or died suddenly before age 40?					
Explain ANY yes answers: _____					
Physical Examination					
Student's Name _____		Date of Exam _____			
Last	First				
Height _____	Weight _____	Pulse _____	BP _____ / _____	Vision R 20/ _____	L 20/ _____
Medical	Normal	Abnormal Findings	Initials*		
Eyes/Ears/Nose/Throat					
Lymph Nodes					
Heart					
Lungs					
Abdomen					
Genitalia (males only)					
Skin					
Musculoskeletal	Normal	Abnormal Findings	Initials*		
Neck					
Back					
Shoulder/Arm					
Elbow/Forearm					
Wrist/Hand					
Hip/Thigh					
Knee					
Leg/Ankle					
Foot					
*For station-based exams only					
Clearance					
_____ Cleared _____ Cleared, after completing evaluation/rehabilitation for: _____ _____ Not Cleared, until: _____ Reason: _____ _____ Recommendations: _____ _____					
I certify that I have on this date examined this student and that, on the basis of my examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (Note exceptions above)					
Physician's Name, Address, & Telephone (print)			Examiner's Signature		Date





## Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

# Righetti High School

## Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- |   |
|---|
| <ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul> |
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# **Righetti High School**

## **Concussion Information Sheet**

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

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Student-athlete Name Printed

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Student-athlete Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport

Document created 5/20/2010

# JOIN RIGHETTI WARRIOR BOOSTERS!

## Have Fun... Show Spirit... Get Involved... CATCH WARRIOR PRIDE!!!

### Booster's Purpose:

The Warrior parents, families and friends that make up the **Athletic Booster Club** play a vital role in sustaining and advancing community spirit for the athletic programs at Righetti High School. Public funding is simply insufficient to adequately supply our children's sports teams and to maintain the sport facilities. The mission of the Booster Club is to bring the community together to provide the funding and volunteerism necessary to give the Warrior athletes the supplies, facilities and community support they need to reach their full potential as athletes. The Warrior Booster club has been able to donate: a van, football scoreboard, gym chairs, score tables, football flag pole, BBQ pit, uniforms, equipment and up to \$5000 per year in scholarships.

PLEASE SUPPORT OUR TEAMS BY BECOMING A WARRIOR ATHLETIC CLUB BOOSTER MEMBER!

While volunteering time is encouraged, it is not a necessary requirement to joining the Boosters. Booster membership may just be a Donation of money in the membership categories as categorized below.

### 2012-2013 MEMBERSHIP APPLICATION

NAME(s): \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

**SPORTS I SUPPORT:** BOYS: \_\_\_\_\_ GIRLS: \_\_\_\_\_

I/We would be interested in helping with:

\_\_\_\_\_: Concessions    \_\_\_\_\_: BBQ    \_\_\_\_\_: Spirit Wear    \_\_\_\_\_: Auction    \_\_\_\_\_: Call me when you need help

### Booster Membership

\_\_\_\_\_ Warrior Booster @ \$25 = \_\_\_\_\_      \_\_\_\_\_ Warrior Pride @ \$50 = \_\_\_\_\_  
 \_\_\_\_\_ Warrior Purple @ \$100 = \_\_\_\_\_      \_\_\_\_\_ Warrior Gold @ \$250 = \_\_\_\_\_

Please make check payable to RHS BOOSTER CLUB and mail to:  
 RHS Booster Club, 941 E. Foster Rd., Santa Maria, CA 93455

### **MEMBERSHIP OPTIONS**

<b>WARRIOR BOOSTER - \$25</b> 1 Family Membership 1 Booster Membership Pack	<b>WARRIOR PURPLE BOOSTER - \$100</b> 1 Family Membership 1 Righetti Flex Fit Hat      size S/Med or L/XL 1 Spirit Wear T-shirt      size _____ 1 Booster Membership Pack
<b>WARRIOR PRIDE BOOSTER - \$50</b> 1 Family Membership 1 Righetti Flex Fit Hat    size S/Med or M/XL 1 Booster Membership Pack	<b>WARRIOR GOLD BOOSTER - \$250</b> 1 Family Membership 1 Righetti Flex Fit Hats      size S/Med or L/XL 1 Spirit Wear T-Shirt      size _____ 1 Spirit Wear Blanket 1 Booster Membership Pack

To pick up merchandise, come to the apparel booth at any home football game.