



March 2024

Greetings Parent/Guardian of a Tulare Union High School Student Athlete,

We are pleased to inform you that we offer the convenience of online athletic registration through our partner company, FamilyID (www.familyid.com). FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile so you enter your information only once for multiple uses, multiple family members and multiple programs.

PHYSICAL EXAMS: A physical examination, completed by an MD (not a chiropractor) must be completed before an athlete can be approved for participation. This examination, coupled with completion of the online registration process, clears the athlete for all sports and cheerleading for twelve (12) months from the date of the physical examination. The Physical Examination form can be downloaded from the sports link on the Tulare Union High School website at tuhs.tjuhsd.org/athletics/ or from a link on the FamilyID registration page, www.familyid.com.

INFORMATION NEEDED TO REGISTER: Our registration site for 2024-25 school year will be activated March 1, 2024. It will be helpful to have the following information handy to allow for accurate completion of your online registration.

- Personal physician name, address, phone number
- Insurance company name and policy number
- Emergency contact name and number
- Medical history information

Policies to be read and responded to include the Tulare Union High School Athletics Guidelines including: Academic Eligibility Requirements, Athletic Participation Attendance Code, Drug and Alcohol Policy, District Student Athlete Drug Testing, Athletic Trainer Informed Consent/Permission to Treat and Boundary Affidavit. They also include the CIF Athlete's Code of Ethics, Annual Concussion Form and East Yosemite League Parent and Player Athletic Agreement for Success. Please take the time to read through this information as you will be signing off on your understanding of the information in these documents.

A parent/guardian should register by going to the Tulare Union High School website at tuhs.tjuhsd.org/athletics/ and click on the Athletics link. Then click on the www.FamilyID.com or click on **2024-25 Physical Clearance Registration Online** at the top of the right column to begin the process.

Under the "Programs" title, click on the link for all the programs you want to sign up for. Scroll to the bottom of the page to either Sign Up if this is your first time using FamilyID, or Log In if you already have a FamilyID account.

Sign Up for your secure FamilyID account by entering your family name, email address and password. You will receive an email with a link to activate your new account. (If you don't see the email, check your spam or junk mail folders.)

Click on the link in your email activation, which will log you in to FamilyID.

If you do not return to the registration form, click 'Find Programs' to retrieve the form. Once in the registration form, complete the information requested. When you have completed the form, click the "Save & Continue" button.

You will receive an email receipt from registratons@familyid.com. You can also view your completed registration in your 'Registration' tab. You can log into <https://www.familyid.com> at any time to update your information and to check your registration(s).

SUPPORT: You can always find your programs at www.familyid.com by clicking "Find Programs" in the top blue banner and searching for our organization name. If you need assistance with your registration, you can call Family ID at 888-800-5583 X1 or email support@arbitersports.com. Support is available 7 days per week during standard business hours and messages will be returned promptly

DOCTOR CLEARANCE - PROOF A CURRENT (12 MONTH) PHYSICAL: This can either be uploaded to the online registration or a copy must be turned into the Tulare Union School nurse. Your athlete will not have clearance to participate in sports until proof of the current physical with doctor signature is provided to the school. Once provided the nurse will give your student a green slip to present to their coach as proof their online registration and current medical clearance has been received.

755 E. Tulare Avenue, Tulare, California 93274 <http://tuhs.tjuhsd.org/> (559) 686-4761 FAX (559) 687-7367

TULARE UNION HIGH SCHOOL

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INSURANCE CARD: A copy of your medical insurance card must be turned into the nurse in order to be cleared.

STUDENT ATHLETE DRUG TESTING CONSENT FORM: Included in this packet is the District Student Athlete Drug Testing Consent Form. This form must be signed by a parent/guardian and student athlete, and returned to the nurse with the proof of a physical from a doctor. If this form is not received the student athlete will not be cleared for athletic participation. The policy can be found in the online registration under policies. Refusal by parent or student consent to student athlete drug testing will result in the student athlete not being allowed to participate in athletics or cheerleading.

TJUHSD ATHLETIC AND ACTIVITY CLUB REGISTRATION FORM: Included in this packet is the TJUHSD Athletic and Activity Club Registration form this will be used for Proof of Insurance purposes.. This form must be signed by a parent/guardian and returned to the nurse. If this form is not received the student athlete will not be cleared for athletic participation. All student athletes must have private insurance or Medi Cal. If an athlete does not have medical insurance, pick up a packet in the nurse's office to purchase school time insurance, this must be completed before the student athlete will receive clearance to participate in tryouts, practices or competition. The policy can be found in the online registration under Insurance.

Sincerely,

Diana Nalbandian-Hatton
Athletic Director

■ 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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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 Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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

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 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"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

■ 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 _____

TULARE UNION HIGH SCHOOL DISTRICT
Athletic and Activity/Club Registration Form 2024/2025

My student wishes to participate in the following sports or activities

___ Cross Country	___ Flag Football	___ Soccer	___ Basketball	___ Track & Field
___ Baseball	___ Tackle Football	___ Tennis	___ Volleyball	___ Wrestling
___ Softball	___ Hockey	___ Golf	___ Cheerleading	___ Band/Orchestra
___ Badminton	___ Swimming	___ Water Polo	___ Drill Team	___ Other()

All prospective participants must complete these materials, provide proof of medical insurance and have a parent/guardian signature authorizing their participation prior to participation in any activity or practice.

Student Name (Please Print)	School	Date of Birth	Grade
Address - Street	Apt.	City	Zip
Home Phone			

CALIFORNIA LAW

The California Education Code (Sections 32221-32224 and 49470-49474) requires that each member of an athletic team shall have insurance coverage for medical and hospital expenses in an amount of at least \$1,500 while practicing for or participating in athletic activities under the jurisdiction of a public school district. "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. "Member of an athletic team" also includes members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally insured program. Information about these programs which include other comparable no-cost or low-cost local, state or federally sponsored health insurance programs, may be obtained by calling 1-800-722-3365 or the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

INSURANCE PROTECTION

Parents/Guardians must provide proof of insurance and complete and sign the following athletic waiver of insurance as evidence of other insurance coverage, or purchase Student Accident Insurance made available by the Tulare Union High School District before the student is eligible to participate in athletic events.

Option A ☐

Personal Insurance - I hereby declare that my student,

_____, has
 medical insurance in the amount of at least \$1,500
 administered by _____

Insurance Co., Policy # _____, which
 will provide coverage for medical and hospital expenses
 resulting from accidental bodily injury while practicing for or
 participating in athletic events. Therefore, I do not want my

student to subscribe to membership in the insurance program
 made available through the school district for accidental
 bodily injury and hereby release the Governing Board and
 school officials of the Tulare Union High School District
 from any and all responsibility to provide the insurance
 required under California Education Code Section
 32220-32224. I WILL NOTIFY THE SCHOOL OF ANY
 CHANGE OR LAPSE IN THE ABOVE COVERAGE.
 A copy of the student's proof of medical insurance is attached.

Option B ☐ **I wish to participate in the Student Accident Plan made available by Tulare Union High School District.**

An insurance enrollment form should accompany this form, or you can obtain one online at the Student Insurance provider website.

1. Log on to www.peinsurance.com. Under "Products", click on "Students", then click the appropriate link for a Brochure in English or Spanish. **You may also sign up online and print proof of your coverage (attach to this document) OR**
2. Print Brochure, complete and bring to your coach or teacher to forward to the insurance company with your payment. A copy of the student's proof of insurance is attached.

Signature of Parent/Guardian	Date
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SPORTS WARNING STATEMENT

Participating in competitive athletics may result in severe injury, including paralysis or death. Players can reduce the risk by reporting all physical problems to their coaches, following coaches' instructions regarding playing techniques, training and other team rules, etc., and agreeing to obey such instructions. Even if all these requirements are met, a serious accident may still occur.

PARENT PERMISSION

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE** and **HOLD HARMLESS** the Tulare Union High School District from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge of the Tulare Union High School District from all liability includes any defect or alleged negligence attributed to the Tulare Un

ion High School District or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/activity. (_____) **(to be initialed by the student and/or parent or guardian)**

I, _____, being the parent/legal guardian of _____ (student), have read the above release. I understand and agree to its terms. I understand that all sports can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I am signing this document on my own behalf, as well as on behalf of my student athlete.

Signature of Parent/Guardian

Date _____

STUDENT ATHLETE DRUG TESTING**EXHIBIT "A"****STUDENT ATHLETE DRUG TESTING CONSENT FORM**

I understand after having read the Drug Testing Policy for the Tulare Joint Union High School District, set forth in Board Policy and Administrative Regulation 5131.61, that out of concern for my safety and health, the Board of Trustees and the District have established and enforce rules and consequences regarding the use of illegal drugs and controlled substances. I realize that the personal decisions that I make daily in regard to the use of illegal drugs or controlled substances may affect my health and well-being, pose a danger to those around me, and reflect negatively upon the District athletic program with which I am associated. If I choose to violate school policy regarding the use of illegal drugs or controlled substances, I understand that I will be subject to the restrictions of my participation as outlined in the policy.

I authorize Tulare Joint Union High School District to conduct a test on a urine specimen which I provide to test for illegal drugs and controlled substances, including but not limited to those drugs and controlled substances identified in District policy and regulation and/or set forth below. I also authorize the exchange of information concerning the results of such a test between the Tulare Joint Union High School District, my parent(s) and/or guardian(s), and the contracted drug testing agency, Prompt Test, LLC.

This shall be deemed a consent pursuant to the Family Education Right of Privacy Act (20 U.S.C. § 1232g; 34 C.F.R. Part 99) and the Education Code (sections 49076 et seq.) for the release of the above information to the parties named above.

Print Student's Name

Student Signature

Date

- 1) I agree to provide with this form a written copy of the prescription my child is presently taking or a physician's written verification of the prescription.
- 2) I agree to provide with this form written verification from a physician regarding any medical condition that prevents my student from producing a urine sample within sixty (60) minutes.
- 3) I understand test results other than Redwood Testing Laboratories will not be accepted.

I have read and agreed to the above terms of participation of my son/daughter.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

The testing service will include tests for, but not be limited to, one or more of the following illegal drugs and/or controlled substances: marijuana metabolite, cocaine metabolite, opiates, phencyclidine (PCP), amphetamines, alcohol, benzodiazepines, barbiturates, propoxyphene (Darvocet), methadone, oxycotin, designer drugs and steroids.

Parents may withdraw authorization to test students, with written notification to: Assistant Superintendent at the District Office, 426 N. Blackstone St., Tulare, California 93274. The only consequence for such withdrawal is that the student will no longer be able to participate in District athletics.