

# SOBOBA BAND OF LUISENO INDIANS

## CLEARANCE PACKET

All items in this packet must be completed and turned into the athletic office before an athlete will be cleared for participation in any sport at Noli Indian School.

### PARENT AUTHORIZATION

The student named below has permission (and I am the legal guardian) to participate in athletics at Noli Indian School and to be transported and supervised by authorized persons throughout the school year. Stated in California Education Code Section 35330. I understand that I hold the Noli Indian School System; its officers, agents and employees harmless from any liability or claims, which may arise out of or in connection with my child's participation in athletic events.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

### PERSONAL INFORMATION

Students Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Mother/Guardian Name & Work Number: \_\_\_\_\_

Father/Guardian Name & Work Number: \_\_\_\_\_

### PARENT PERMISSION AND EMERGENCY AUTHORIZATION

Please list the name and phone number(s) of the parent or guardian to be notified in an emergency situation.

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_

Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I do hereby authorize and consent to any x-ray, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisably by and is rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the above named individual prior to rendering treatment to the patient, but that any of the above.

Treatment will not be withheld if the above named individual cannot be reached. The legal guardian assumes the financial burden for any such procedure. *Noli Indian School*, its employees or agents, or volunteers will not be responsible for such cost.

This authorization is given pursuant to the provision of section 25.8 of the Civil code of California.

List any restriction(s): \_\_\_\_\_

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

Date \_\_\_\_\_

I have read and I understand the athletic Code of Conduct for Noli Indian School. I accept the responsibilities of monitoring the actions of the student athlete whose signature appears above and I will do all I can to ensure that he/she complies with each item of the Athletic Code of Conduct as presently stated or subsequently amended.

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

Date \_\_\_\_\_

Below check sport of choice:

- Football    Boys Basketball    Softball    Flag Football    Girls Basketball    Baseball    Volleyball  
 Track    Cross Country    Golf

SOBOBA BAND OF LUISEÑO INDIANS

CO-CIRUCULAR ACTIVITY CERTIFICATE FOR SCHOOL YEAR 20 \_\_\_/20 \_\_\_  
(Insurance, Indemnification, Medical Authorization)

Pupil's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
School Attended Last Year: \_\_\_\_\_ City: \_\_\_\_\_

**CIRCLE SPORTS YOU WILL BE PARTICIPATING IN:**

- |                          |                         |                       |
|--------------------------|-------------------------|-----------------------|
| Baseball                 | V. Basketball (Boys)    | V. Basketball (Girls) |
| V. Football              | V. Softball             | V. Volleyball         |
| Cross Country            | Track                   | Golf                  |
| M.S. Basketball (Boys)   | M.S. Basketball (Girls) | Flag Football         |
| M. S. Volleyball (Girls) | M.S. Volleyball (Boys)  | M.S. Softball         |

The form must be on file with the school of attendance for verification of eligibility prior to participation in any co-curricular activity.

Note: The California Education Code requires that every student have \$1,500 accidental medical insurance in order to participate in athletics or any other extra-curricular activity. (Ed. Code 32220-24)

**SECTION I (IF YOU HAVE YOUR OWN INSURANCE COVERAGE, PLEASE COMPLETE THIS SECTION) My medical coverage is for at least \$1,500 and is issued by:**

Name of Insurance Policy \_\_\_\_\_ Policy Number \_\_\_\_\_

I further assure that the insurance policy or policies I hereby verify will remain current and in force during the time the above named student performs any function within the scope of Education Code Section 32220-24 and 35330-31 during the current school year of 20 \_\_\_/\_\_\_.

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

**INDEMNIFICATION**

I agree to indemnify and hold the Soboba Band of Luiseño Indians harmless against responsibility for insurance coverage required under the Education Code Sections 32220-24, 35330-31. By signing this statement, I agree to accept responsibility for all medical costs incurred by the above named pupil while participating in any school co-curricular program.

Your attention is directed to the fact that many insurance policies exclude tackle football. Please check your policy carefully or consult your carrier.

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

**SOBOBA BAND OF LUISENO INDIANS**

**SECTION II**

**MEDICAL AUTHORIZATION**

**TO WHOM IT MAY CONCERN:**

I the undersigned being the legal guardian of \_\_\_\_\_ do hereby grant to any hospital, emergency center, doctor, nurse, and or paramedic authorization to grant treatment to my child when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aid, principal, or any school designee.

Further, should the attending physician determine after examination that life saving surgery or other life-saving procedure may be necessary; permission is hereby extended to the above parties to grant same.

By my action of granting said permission, I agree to hold harmless school personnel, school designee, the Soboba Band of Luiseño Indians, and Noli Indian School.

I declare under penalty of perjury that the above is true and correct.

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

Home #: \_\_\_\_\_ Business#: \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

**RESIDENCY**

Athlete's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT RESIDES AT THE ABOVE ADDRESS.**

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

**TRANSPORTATION**

I hereby give consent for the above named student to compete in sports and be transported with a representative of the school on any trips.

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

I, \_\_\_\_\_ (Student's Name), understand that playing sports for Noli Indian School is a privilege. I agree to play by the rules and code of ethics set by CIF, Noli Indian School and the Warrior League. I understand that it is my responsibility to turn in my uniform at the end of the season. If my uniform is not returned, I will have to pay for it or I will be forfeited the opportunity to participate in any other sports/activities offered at Noli.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Southern Section

Academics Integrity Athletics

10932 Pine Street  
Los Alamitos, California 90720

Telephone: 562-493-9500  
Fax: 562-493-6266

## 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 Noli (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.

Revised 7/09

# SOBOBA BAND OF LUISENO INDIANS

## PREPARTICIPATION PHYSICAL EVALUATION

(To be completed by parent/guardian)

<b>HISTORY</b>			
Name: _____	Sex: _____	Age: _____	DOB: _____
Grade: _____	School: <u>Noli Indian School</u>	Sport(s): _____	
Address: _____		Phone #: _____	
Personal Physician: _____		Phone #: _____	
In case of an emergency contact: Name _____			
Phone #: _____	Business #: _____	Cell #: _____	

Explain "Yes" answers below.

Circle questions you don't know the answer to.

		Yes	No			Yes	No																		
1.	Have you had a medical illness or injury since your last check-up or sport physical?			25.	Do you cough, wheeze, or have trouble breathing during or after activity?																				
2.	Have you ever had surgery?			26.	Do you have asthma?																				
3.	Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using inhalers?			27.	Do you have seasonal allergies that require medical treatment?																				
4.	Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?			28.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthopedics, retainer on your teeth, hearing aid)?																				
5.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?			29.	Have you ever had problems with your eyes?																				
6.	Have you ever had a rash or hives develop during or after exercise?			30.	Do you wear glasses, contacts, or protective eye wear?																				
7.	Have you passed out during or after exercise?			31.	Have you ever had a sprain, strain, or swelling after injury?																				
8.	Have you been dizzy during or after exercise?			32.	Have you broken or fracture any bones or dislocated any joints?																				
9.	Have you ever had chest pains during and after exercise?			33. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Yes or No  If yes, check appropriate box and explain below:  <table style="width: 100%; border: none;"> <tr> <td>__head</td> <td>__Upper arm</td> <td>__Finger</td> </tr> <tr> <td>__Neck</td> <td>__Elbow</td> <td>__Hip</td> </tr> <tr> <td>__Back</td> <td>__Forearm</td> <td>__Thigh</td> </tr> <tr> <td>__Chest</td> <td>__Wrist</td> <td>__Knee</td> </tr> <tr> <td>__Shoulder</td> <td>__Hand</td> <td>__Shin/Calf</td> </tr> <tr> <td>__Ankle</td> <td>__Foot</td> <td></td> </tr> </table>				__head	__Upper arm	__Finger	__Neck	__Elbow	__Hip	__Back	__Forearm	__Thigh	__Chest	__Wrist	__Knee	__Shoulder	__Hand	__Shin/Calf	__Ankle	__Foot	
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__Chest	__Wrist	__Knee																							
__Shoulder	__Hand	__Shin/Calf																							
__Ankle	__Foot																								
10.	Do you get tired more quickly than your friends do during exercise?																								
11.	Have you ever had racing of your heart or skipped heartbeats?																								
12.	Have you had high blood pressure or high cholesterol?																								
13.	Have you ever been told you have a heart murmur?																								
14.	Have any family member or relative died of heart problems or sudden death before age 50?																								
15.	Have you had severe viral infection (for example, myocarditis or mononucleosis) within the last month?																								
16.	Has a physician ever denied or restricted your participation in sports for any heart problems?			34.	Do you want to weigh more or less than you do now?																				
17.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?			35.	Do you lose weight regularly to meet weight requirements for your sport?																				
18.	Have you ever had a head injury or concussion?			36.	Do you feel stress out?																				
19.	Have you ever been knocked out, become unconscious or lost your memory?			37.	Record the dates of your most recent immunizations (shots) for: Td: _____ Measles: _____ Hep. B: _____ Chickenpox: _____																				
20.	Have you ever had a seizure?			38. <b>FEMALES ONLY:</b> When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ What was the longest time between periods in the last year? _____																					
21.	Do you have frequent or severe headaches?																								
22.	Have you ever had numbness or tingling in your arms, hands, legs or feet?																								
23.	Have you ever had a stinger, burner, pinched nerve?			Explain "Yes" answers here: _____ _____ _____																					
24.	Have you become ill from exercising in the heat?																								

**SOBOBA BAND OF LUISENO INDIANS**

**PREPARTICIPATION PHYSICAL EVALUATION  
(To be completed by a medical provider)**

<b>PHYSICAL EXAMINATION</b>		
Name: _____	DOB: _____	Date: _____
Weight: _____	Height: _____	Temp.: _____ BP: _____ Pulse: _____ Resp.: _____
Vision: R 20/____ L 20/____ Both 20/____ Corrected Yes or No Pupils: Equal ____ Unequal ____		

<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulse		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Neck		
Shoulder		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

<b>CLEARANCE</b>	
<input type="checkbox"/>	Cleared as of this date, I see no reason to exclude from sports.
<input type="checkbox"/>	Cleared after completing evaluation/rehabilitation for: _____ _____
<input type="checkbox"/>	Not Cleared for: _____
Recommendations: _____ _____	
Name of Physician (Please Print): _____	
Address: _____	Phone #: _____
Signature of Physician: _____	MD/DO/PA-C/NP Date: _____

*The information above must be filled in and signed by either a physician, a physician Assistant licensed by the California Board of Physician Assistant Examiners, or a Register Nurse recognized as a Nurse Practitioner by the California Board of Nurse Examination form signed by any other health care practitioner will not be accepted.*



**Noli Indian School**  
**Varsity Football**  
**Parent/Guardian Consent Form**

As the parent or legal guardian of \_\_\_\_\_  
Students Name

I permit him to participate in football at the varsity level at Noli Indian School.

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



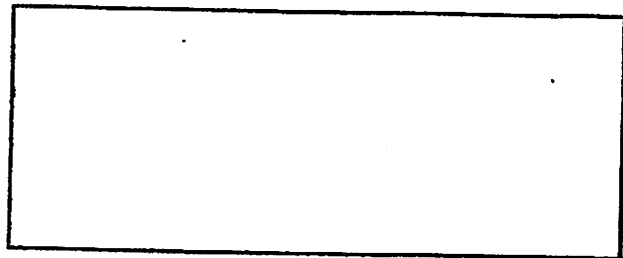
# To be filled Out For 14 Year Olds Only

## **Noli Indian School Varsity Football Medical Consent Form**

Student Name \_\_\_\_\_

As a licensed medical practitioner I certify at \_\_\_\_\_ is able  
to participate in football at the varsity level.  
Students Name

Signature \_\_\_\_\_ MD/PA-C/NP    Date \_\_\_\_\_



Office Stamp

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**SJ MEDICAL CLINIC**  
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I \_\_\_\_\_, hereby authorize SJ Medical Clinic to release my  
( Patient Name)

\_\_\_\_\_ to  
(Information/Documents to be released)

List names of person/s \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This will be a standing release with no expiration date unless expressed otherwise by the signing patient.

Date to expire: \_\_\_\_\_

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

(Patient Signature)