

Academy for Academic Excellence Athletic Card

PRINT ATHLETES LAST NAME

FIRST

MIDDLE

M F
SEX

GRADE

BIRTHDATE

HOME PHONE

PARENT CELL PHONE

RESIDENCE ADDRESS

NAME OF EMERGENCY CONTACT

EMERGENCY PHONE

RELATIONSHIP TO STUDENT

Have you played High School Athletics at another school? NO YES If yes, name of school

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

I/we, the undersigned parents/guardians of the minor student enrolled at AAE, do hereby authorize the Academy for Academic Excellence as agent for the undersigned to consent to an x-ray examination, anesthetic, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and/or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of a physician or at a hospital. In the event that my/our child is participating in a school function outside of the High Desert, I authorize treatment and care at a medical facility determined appropriate by the representative of AAE. I also authorize AAE to use an ambulance service as deemed appropriate. A school representative may also administer first aid for minor injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. I also agree to accept all financial responsibility for all costs of the above medical services, with no liability to AAE.

I hereby give my consent for the above mentioned student to compete in sports. I authorize the student to go with and be supervised by a representative of the Academy for Academic Excellence 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.

Parent/Guardian Signature

Date

Student Signature

Date

TO BE COMPLETED BY DOCTOR

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

Signature of Physician

Date

Printed Name of Physician/Stamp

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:

MEDICAL INFORMATION

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Medical Insurance Provider: _____

Phone: _____

Group #: _____ Policy #: _____

Any medical conditions that AAE should be aware of: _____

Medications that student is currently taking: _____

Allergies: _____

ASSUMPTION OF RISK AND WAIVER, RELEASE AND INDEMNITY AGREEMENT

1. For and in consideration of permitting _____ to enroll in and/or participate in _____
(Student Name) (Type of athletic activity)

given by The Academy for Academic Excellence. The Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or and activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against The Academy for Academic Excellence or any of its officers, agents, servants or employees for any said cause of action, whether the same shall arise by the negligence of any said persons, or otherwise.

2. IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT
(Name of Student)

AND RELIEVE THE ACADEMY FOR ACADEMIC EXCELLENCE FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

3. The Undersigned for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim or injury, personal property damage or wrongful death shall be prosecuted against The Academy for Academic Excellence he/she shall indemnify and save harmless such entity from any and all claims or causes of action by whomever or whatever made or presented for personal injuries, property damage, or wrongful death.

The Undersigned acknowledges that he/she has read the foregoing three paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of _____ and is fully aware of the legal consequences of signing the within instrument.
(Type of athletic activity)

Signature of Student

Date

Signature of Parent/Guardian

Date

CODE OF ETHICS – ATHLETES

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, 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 games 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 524).

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 200D, there could be penalties for false or fraudulent information. We also understand that the Academy for Academic Excellence's policy regarding the use of illegal drugs will be enforced for any violation of these rules.

Print Athlete's Name

Date

Signature of Athlete

Date

Signature of Parent/Guardian

Date