

Norton Science and Language Academy ATHLETIC REGISTRATION PACKET



Creating Global Citizens

Attention:

ALL ATHLETES MUST SUBMIT COMPLETED ATHLETIC PACKET AND RECEIVE CLEARANCE BY THE ATHLETIC DIRECTOR BEFORE THEY CAN TRYOUT OR PARTICIPATE IN ANY SPORTS

COMPLETED PACKETS MUST BE SUBMITTED TO THE ATHLETIC DIRECTOR OFFICE IN C108

Athletic Director

Jon Keller

jkeller@lcer.org

P: (909) 386-2300 Ext. 771

Norton Science and Language Academy

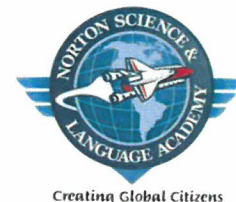
230 S. Waterman Avenue

San Bernardino, Ca 92408

P: (909) 386 - 2300

F: (909) 386 – 7855

nsla.lewiscenter.org


NSLA ATHLETIC CARD – 2022/2023 SCHOOL YEAR

PRINT ATHLETES LAST NAME FIRST MIDDLE

M F SEX GRADE BIRTHDATE HOME PHONE PARENT CELL PHONE

RESIDENCE ADDRESS CITY STATE ZIP CODE

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

ATHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

I/we, the undersigned parents/guardians of the minor student enrolled at NSLA, do hereby authorize Norton Science and Language Academy (NSLA) 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 San Bernardino, I authorize treatment and care at a medical facility determined appropriate by the representative of NSLA. I also authorize NSLA 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 NSLA. 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 Norton Science and Language Academy 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

MEDICAL INFORMATION

Doctor: Phone:

Dentist: Phone:

Medical Insurance Provider: Phone:

Group #: Policy #:

Any medical conditions that NSLA should be aware of:

Medications that student is currently taking:

Allergies:

NSLA ATHLETIC CARD CONTINUED – 2022/2023 SCHOOL YEAR

ASSUMPTION OF RISK AND WAIVER RELEASE AND INDEMNITY AGREEMENT

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

given by Norton Science and Language Academy. 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 Norton Science and Language Academy 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.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT NORTON SCIENCE AND LANGUAGE ACADEMY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

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 Norton Science and Language Academy 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)

PRINT ATHLETE'S NAME

DATE

SIGNATURE OF ATHLETE

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

**NORTON SCIENCE AND LANGUAGE
LEWIS CENTER FOR EDUCATIONAL RESEARCH
INFORMED CONSENT AND WAIVER FOR PARTICIPANTS IN
MODERATE-CONTACT AND HIGH-CONTACT YOUTH SPORTS**



Sport (may list multiple Sports): _____

Athlete Full Name: _____

Athlete Grade Level (2022-23 School Year): ☐ 6; ☐ 7; ☐ 8; ☐ 9; ☐ 10; ☐ 11; ☐ 12

Athlete is: ☐ a minor (under age 18); ☐ an adult (age 18 or older)

Introduction and Purpose: There presently exists a public health emergency arising from the spread of the coronavirus and its variants that cause COVID-19 (“Coronavirus”). However, the California Department of Public Health issued guidance (“CDPH Guidance”) that, if followed, will permit the Lewis Center for Educational Research (“Lewis Center”) to allow the resumption of certain moderate-contact and high-contact outdoor youth sports.

Student participation in the sport(s) identified above (“Sport”) is not mandatory. Each student who desires to participate in the Sport (“Athlete”) and his, her, or their parent or legal guardian (“Parent”) must decide for themselves if the benefits of the Athlete participating in the Sport outweigh the risks associated with participation in the Sport, including, among others, the risks associated with potential or actual exposure to, and infection by, the Coronavirus. However, in accordance with the CDPH Guidance, it is mandatory that the Lewis Center obtain this “Informed Consent and Waiver for Participants in Moderate-Contact and High Contact Youth Sports” (“Informed Consent”) from each Athlete and his, her, or their Parent. Otherwise, the Lewis Center cannot allow the Athlete to participate in the Sport.

Risks of Coronavirus Exposure and Infection: Below is information regarding the risks associated with potential and actual exposure to, and infection by, the Coronavirus. The Lewis Center believes that such information is generally accurate as of the date of this form shown below. However, because the Coronavirus mutates, and because the scientific understanding of the Coronavirus and related matters has been evolving since the beginning of the pandemic, relevant information may change without notice. With that in mind, the Athlete and his, her, or their Parent should consider all of the following in deciding whether to sign this Informed Consent:

(A) The Lewis Center highly recommends that each Athlete and his, her, or their Parent keep themselves apprised of available information regarding the Coronavirus and youth sports occurring during the pandemic. Although the following list is not exhaustive, relevant information presently is available at the following links:

1. CDPH Guidance — <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>
2. CDC Guidance - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

(B) COVID-19 is a respiratory disease that spreads from person to person primarily through respiratory droplets produced when an infected person coughs, sneezes, or talks. Some people who are infected with the Coronavirus may not exhibit any obvious symptoms. However, people of all ages are at risk of experiencing significant consequences as a result of being infected by, or infecting someone else with, the Coronavirus, including, among possible others, difficulty recovering from the initial infection, health impacts that continue long after the initial infection has resolved, loss of mental or sensory capability, permanent disability, death, loss or impairment of social functionality or relationships, and economic losses.

- (C) The nature of sports and/or the manner in which sports are played or conducted can increase the risk that the Coronavirus will spread. Athletes participating in youth sports will have more frequent and/or sustained close (and even face-to-face) contact with other Athletes, and Athletes may share equipment, or have contact with the same equipment as other Athletes. Physical exertion increases breathing rates and the amount of air that is inhaled and exhaled, thereby increasing the risk.
- (D) Competitions can increase the risks of exposure to and infection by the Coronavirus (whether the competition is between teams at the same school, teams from different schools in the Lewis Center, or teams from different communities, school districts, regions, or states) by bringing together larger groups of individuals (e.g., other athletes, coaches, families, friends, alumni, and other spectators).
- (E) The Coronavirus infection rates within our communities, regions, and state can influence the infection rates among Athletes and their coaches, families, friends, alumni, and other spectators. Although vaccines against the Coronavirus have been developed, the individuals who have been fully vaccinated to date are a relatively small percentage of the overall population. Although vaccines are known to reduce the chances of severe consequences and hospitalization, vaccines do not prevent 100% of infections and it presently is uncertain how well vaccines will prevent reinfection or prevent the spread of the Coronavirus by a vaccinated person.
- (F) While the Lewis Center will make efforts to reduce the potential for Athletes and others to be exposed to or infected by the Coronavirus, nothing that the Lewis Center can do (while still allowing youth sports to occur) will completely eliminate the risk of exposure to or infection by the Coronavirus.

Required Precautions: By signing this Informed Consent, each of the Athlete and Parent hereby agree that:

- (A) Neither the Athlete, nor any Parent or family member, shall attend any conditioning, practice, game or competition, if he, she, or they has been diagnosed with, or has knowledge that he, she, or they are infected with, the Coronavirus or, within the preceding 10 days, has suffered or exhibited symptoms typically associated with infection by the Coronavirus.
- (B) The Athlete must wear a well-fitting face covering (over mouth and nose) at all times practicable, including, without limitation, while being transported to/from events, while at or in locker rooms, restrooms and other facilities, between practice drills, and otherwise whenever not actively conditioning, practicing, playing, or competing. To the extent tolerable, the Athlete should wear face coverings while actively conditioning, practicing, playing, or competing.
- (C) The Athlete must practice good hygiene, including, as applicable, (1) properly washing his, her, or their hands before, during breaks in, and after the conclusion of the activity, (2) covering up and/or redirecting coughs or sneezes away from others, and (3) wiping down equipment after use
- (D) The Athlete and each Parent and family member present at an event shall cooperate with screening procedures and requirements intended to prevent the spread of the Coronavirus. Screening procedures may include, without limitation, temperature checks, questions regarding symptoms and possible exposure, and, possibly, testing for infection. Requirements may include, without limitation, physical distancing and wearing of well-fitting facial coverings (over mouth and nose).
- (E) Any coach or other Lewis Center representative may request that an Athlete, Parent, or family member who does not fully comply with the foregoing required precautions leave the location of a Sport-related activity, and each such person shall immediately and peaceably leave that location.

Transportation: Due to a large increase in students participating in youth sports and required physical distancing on school buses, the Lewis Center presently is unable to transport Athletes to competitions and other events. If the

Athlete is a minor, a Parent must transport the Athlete to all events. Because of significant liability concerns, the Parent agrees that he, she, or they will not allow the Athlete to drive himself, herself or themselves, or any others, to and/or from any competition or other event. Due to the potential impact on others that interact with Athletes, including teams, family members, and teachers and other Lewis Center staff, the Lewis Center strongly recommends that travel in personal vehicles should be limited to only members of the same household. Should a Parent, despite such risks, transport Athletes and others from outside a household group in the same vehicle, the Lewis Center further encourages the Parent to comply to the extent possible with safety protocols, such as distancing and wearing of facial coverings.

THIS INFORMED CONSENT ADDRESSES SIGNIFICANT ISSUES — DO NOT SIGN THIS INFORMED CONSENT IF YOU DO NOT FULLY UNDERSTAND IT OR DO NOT ACCEPT ITS TERMS AND CONDITIONS.

Each of the undersigned acknowledges and agrees that he, she, or they: (i) has been fully informed of , understands, and has carefully considered the risks associated with the exposure to and infection by the Coronavirus in connection with participation in the Sport; (ii) accepts and assumes any and all such risks; (iii) accepts the terms and conditions of this Informed Consent; and (iv) on that basis, consents to participation in the Sport by the Athlete.

_____ Parent Signature	_____ Print Name	_____ Date
_____ Athlete Signature	_____ Print Name	_____ Date

NORTON SCIENCE AND LANGUAGE ACADEMY – ATHLETICS

Pre-Participation Physical Evaluation



Date of Exam: _____

Creating Global Citizens

Student's Name: _____	Sex: _____	Age: _____	Date of Birth: _____	Grade: _____
School: _____		Sport(s): _____		
Address: _____			Phone: _____	
Personal Physician/Provider: _____				
In case of emergency, contact: Name: _____			Relationship: _____	
Telephone: (Home) _____		(Work) _____	(Cell) _____	(Cell) _____

Medicines and Allergies: Please list all 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

This section is to be carefully completed by the student and his/ her parent(s) or legal guardian(s) before participation in interscholastic athletics. Explain Yes answers below. Circle questions you don't know the answers

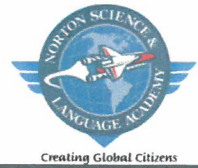
GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?			28.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2.	Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections Other: _____			29.	Have you ever used an inhaler or taken asthma medicine?		
3.	Have you ever spent the night in a hospital?			30.	Is there anyone in your family who has asthma?		
4.	Have you ever had surgery?			31.	Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	32.	Do you have groin pain or a painful bulge or hernia in the groin area?		
5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?			33.	Have you had infectious mononucleosis (mono) within the last month?		
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34.	Do you have any rashes, pressure sores, or other skin problems?		
7.	Does your heart ever race or skip beats (irregular beats) during exercise?			35.	Have you had a herpes or MRSA skin infection?		
8.	Has a doctor ever told you that you have any heart problems? If so, check all that apply: Kawasaki disease A Heart Infection High Blood Pressure A Heart Murmur High Cholesterol Other: _____			36.	Have you ever had a head injury or concussion?		
9.	In the last 14 days, have you been exposed to someone who tested positive for COVID-19?			37.	Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10.	Have you ever tested positive for COVID-19 virus? Date of (+) COVID-19 Test: _____			38.	Do you have a history of seizure disorder?		
11.	Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?			39.	Do you have headaches with exercise?		
12.	Do you get lightheaded or feel more short of breath than expected during exercise?			40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
13.	Have you ever had an unexplained seizure?			41.	Have you ever been unable to move your arms or legs after being hit or falling?		
14.	Do you get more tired or short of breath more quickly than your friends during exercise?			42.	Have you ever become ill while exercising in the heat?		
HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No	43.	Do you get frequent muscle cramps when exercising?		
15.	Has any family member or relative died of heart problems or had an unexpected			44.	Do you or someone in your family have sickle cell trait or disease?		
16.	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?			45.	Have you had any problems with your eyes or vision?		
17.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			46.	Have you had any eye injuries?		
18.	Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			47.	Do you wear glasses or contact lenses?		
BONE AND JOINT QUESTIONS		Yes	No	48.	Do you wear protective eyewear, such as goggles or a face shield?		
19.	Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that caused you to miss a practice or game?			49.	Do you worry about your weight?		
20.	Have you had any broken or fractured bones or dislocated joints?			50.	Are you trying to or has anyone recommended that you gain or lose weight?		
21.	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			51.	Are you on a special diet or do you avoid certain types of food?		
22.	Have you ever had a stress fracture?			52.	Have you ever had an eating disorder?		
23.	Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			53.	Do you have any concerns that you would like to discuss with a doctor?		
24.	Do you regularly use a brace, orthotics or other assistive device?			FEMALES ONLY			
25.	Do you have a bone, muscle or joint injury that bothers you?			54.	Have you ever had a menstrual period?		
26.	Do any of your joints become painful, swollen, feel warm, or look red?			55.	How old were you when you had your first menstrual period?		
27.	Do you have any history of juvenile arthritis or connective tissue disease?			56.	How many periods have you had in the last 12 months?		
Explain "yes" answers here: _____							

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

NORTON SCIENCE AND LANGUAGE ACADEMY – ATHLETICS

Pre-Participation Physical Evaluation



Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Student's Name: _____ DOB: _____
 Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: _____ / _____ (_____ / _____)
 Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

EMERGENCY INFORMATION

Allergies: _____
 Other Information: _____

MEDICAL	Normal	Abnormal Findings
Appearance • Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart ¹ • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) ²		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ³		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional • Duck walk, single leg hop		

¹ Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

² Consider GU exam if in private setting. Having 3rd party present is recommended.

³ Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.

Clearance

- ☐ 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 evaluated the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent contraindications to practice, tryout 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 parent. 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/ Provider: (print/ type/ stamp) _____ (MD, DO, NP or PA) Date _____

Address: _____ Phone: _____

Signature of Physician/Provider: _____

Sports Physicals

Fox Occupational Medical Clinic

1375 Camino Real Suite 130

San Bernardino, CA 92408

(909) 884-1500

Sports Physicals/Screenings

Walk in Available Monday through Friday

8:00 AM- 3:30 PM

\$20 Cash/ \$25 credit card

Parent Must be Present

Sports Physicals/ Screenings

Cost for screening \$30.00

**Brockton Clinic Monday thru Wednesday 3:00pm – 5:00pm, Thursday
and Friday 4:00pm-5:00pm**

7117 Brockton Ave First floor

Mission Grove Clinic 19314 Jesse Lane Monday-Friday (by appointment
only**) Colin Christensen, D.O. (951)321-6539**

Eastvale Clinic 12742 Limonite Ave Eastvale 92880 (by appointment
only**) Anthony Nguyen, M.D. (951) 739-2750**

**For screenings and Concussion Clinic athletes are to be accompanied
by a parent/guardian**

www.riversidemedicalclinic.com