



An Athletic Clearance including a physician's exam and signature dated AFTER July 1, 2015, must be submitted by each athlete for each sport played at AHS.

Now you can get your 2015-2016 Athletic Clearances for Fall, Winter, and Spring Sports on campus at AHS!

Dr. William Workman, (our AHS football Team Physician and Physician for the Oakland As), his associate Dr. Nancy Rolnik (and St. Mary's Athletic Dept. Physician), Chris Clark, (our AHS Trainer), and other medical professionals have volunteered their time to provide sports physicals and Athletic Clearances for AHS students.



Sports physicals are offered 2 dates on campus:

- 1. Wed. July 29, 2015: 4:00pm - 8:00pm (cafeteria)
(Football 6-8pm after camp, all others 4-8pm anytime)**
- 2. Tues. Aug. 18, 2015 (Dons Day): 9:00 – 12:30 (large gym)**

Registration is simple and the cost is just \$35.00.
100% of the proceeds go to supporting all AHS sports teams!

Registration Instructions:

- 1. Online**, complete the Athletic Registration (pages 1-8) found on the AUHSD web site at www.acalanes.k12.ca.us/athleticregistration
- At the end of the online registration there are **TWO** pages to **PRINT OUT** and **BRING** with you:
 - ONE** copy of **Page 1** to be filled out, stamped, and signed by the physician on campus.
 - A **SEPARATE** copy of **Page 2** (filled out) for each sport your student will play.
- BRING ONE** Supplemental Medical History Form (filled out), **ATTACHED**.
- BRING a \$35** check made payable to ACALANES BOOSTERS.
- Wear athletic shorts and tee shirt.
- Parents stay at check-in to ensure all proper signatures are on all forms, then may leave.
- NOTHING MORE TO DO.** (The rest of the school year.) We will handle turning in the properly completed paperwork to our AD and all coaches for you! **PRICELESS.**

If you have questions, please contact Danna Wright at 925-945-1212 or dannawrighton@aol.com



BACME Check In Number: _____

Athlete's Name: _____ Gender: _____



Fall Sport: _____

Winter Sport: _____

Spring Sport: _____

**Boosters Athletic Clearance Medical Exam (BACME)
Family Convenience and Fundraising Event**

**Supplemental Medical History Form
for Pre-Participation Physical Evaluation**

To clarify your medical history, and assist our physicians in evaluating your physical condition, we ask that you answer the following questions:

1. Do you have an ongoing medical condition (like diabetes or asthma): Yes/No

If you answered yes, please provide details: _____

2. Do you have allergies to medicines, pollens, foods, or stinging insects: Yes/No

If you answered yes, please provide details: _____

3. Have you ever passed out or nearly passed out DURING or AFTER exercise: Yes/No

If you answered yes, please provide details: _____

4. Have you ever had discomfort, pain or pressure in your chest during exercise: Yes/No

If you answered yes, please provide details: _____

5. Does your heart race or skip beats during exercise: Yes/No

If you answered yes, please provide details: _____

6. Have any family member or relative died of heart problems or of sudden death before age 50: Yes/No

If you answered yes, please provide details: _____

7. Do you cough, wheeze, or have difficulty breathing during or after exercise: Yes/No

If you answered Yes, please provide details: _____

8. Are you missing a kidney, eye, testicle, or any other organ: Yes/No:

If you answered yes, please provide details: _____

9. Have you ever had a head injury or concussion: Yes/No

If you answered yes, please provide details: _____

10. Have you ever been hit in the head and been confused or lost your memory: Yes/No

If you answered yes, please provide details: _____

11. When exercising in the heat, do you have severe muscle cramps or become ill: Yes/No

If you answered yes, please provide details: _____

12. I have had surgery: Yes/No

If you answered yes, please provide details: _____

13: I am being treated for a medical condition by a doctor and/or am taking medication prescribed by a doctor: Yes/No

If you answered yes, please provide details: _____

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

Signature of Athlete

Date

Signature of Parent/Guardian

Date