



האקדמיה היהודית סן-דייגו
The pluralistic community day school

ATHLETIC PARTICIPATION FORM

2nd and 3rd season

In order for a student athlete to participate in a high or middle school athletic program at SDJA, the following requirements must be met:

1. Physical examination performed by a Physician or Physician's Assistant must be completed once a year.
2. Physical Questionnaire must be completed once a year
3. Emergency Medical Treatment Consent form must be complete once per year.
4. Statement of Permission and Understanding must be signed each season.
5. CIF Athlete's Code of Ethics must be signed once a year.
6. Seasonal Medical Screening form must be completed each season.
7. High School Team fee of \$250.00 per season. Middle School Team Fee of \$210.00 per season

NO STUDENT ATHLETE MAY PARTICIPATE IN ANY ATHLETIC TEAM ACTIVITY, INCLUDING PRACTICE UNTIL THEY RECEIVE AUTHORIZATION FROM THE ATHLETIC DEPARTMENT

Student's Name: _____

Grade: _____

Age: _____

Sport: _____

Requirements (Office Use Only)

Forms	Cleared
Statement of Permission and Understanding	
Seasonal Medical Screening	
Team Fee	

Office Signature: _____

Date: _____

SDJA
STATEMENT OF PERMISSION AND UNDERSTANDING

I understand that by signing this form:

1. I have read and will comply with the policies set forth in the SDJA athletic handbook.
2. I agree to follow and comply with all team policies, rules and expectations.
4. I am aware that playing/practicing competitive sports can be a dangerous activity that involves the risk of injury. Because of the danger of injury relating to participation in sports, I recognize the importance of following the coaches' instructions regarding playing techniques, use of athletic equipment and other team rules.
5. I understand that proper physical preparation and a living a healthy lifestyle will greatly enhance my athletic experience.

Student signature: _____ Date: _____

I understand that by signing this form:

1. I give my permission for my son/daughter to participate in SDJA athletics.
2. I give my permission for SDJA staff to provide first aid and secure emergency care it needed.
3. I have read and will comply with the policies set forth in the SDJA athletic handbook
4. I am aware that playing/practicing competitive sports can be a dangerous activity that involves the risk of injury. Because of the danger of injury relating to participation in sports, I recognize the importance of following the coaches' instructions regarding playing techniques, use of athletic equipment and other team rules.
5. I understand that proper physical preparation and a living a healthy lifestyle will greatly enhance my son's/daughter's athletic experience.

Parent signature: _____ Date: _____

**SDJA
SEASONAL MEDICAL SCREENING**

Student Name _____

Grade _____

Sport to be Played _____

1. Most recently played sport this school year _____.

2. Does Student have any medical problems? Yes No
If yes please list and explain below:

3. Did your student have any injuries from the last sport played? Yes No
If yes, Please explain below and attach written medical permission to return to play from attending physician, if not already on file at the Athletic Office.

4. Has student had any injuries, seizures, fainting, "black outs", concussions, Chest pains, dizziness or unusual shortness of breath in the past year? Yes No
If yes please explain and attach written medical permission to return to play from attending physician, if not already on file in the athletic office:

If the above student athlete has a change in their medical status after this form is signed, I understand I must notify the athletic office, because that could adversely affect the athlete's ability to perform in the capacity for which they have been cleared by the doctor.

Parent Signature _____ Date: _____