

\*Physicals MUST be submitted by October 30, 2020 \*

**STUDENT PREPARTICIPATION PHYSICAL EXAMINATION  
WAIVER AND RELEASE OF LIABILITY FORM**

The California Interscholastic Federation and its member Sections (“CIF”), under Bylaw 503.G, require participating member schools to require a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics (“Preparticipation Physical Examination”).

In recognition that families may experience delays in obtaining appointments for their student for a Preparticipation Physical Examination due to the COVID-19 pandemic, CIF is permitting governing boards of school districts and private schools to elect, within their discretion, to provide a one-time, thirty (30) day extension of time from the first day of practice in that fall sport to complete the requirements of Bylaw 503.G as to CIF sanctioned Fall 2020 sports.

The Acton-Agua Dulce School District has elected to provide their students the 30-day extension of time to obtain a Preparticipation Physical Examination conditioned on completion of the following requirements:

- A. Completion and submission of this Student Preparticipation Physical Examination Waiver and Release of Liability Form;
- B. Completion of the required separate Student Health Screening Form;
- C. Returning and Transfer Students must provide, or ensure that the member school already has, the student’s Preparticipation Physical Examination from the 2019-2020 school year on file;
- D. Incoming 9th Grade Students must provide the member school with a Preparticipation Physical Examination or Well Child Check from the 2019-2020 school year.

Once approved by the school, students have 30 days from the first day of practice in that fall sport to submit a current 2020-2021 Preparticipation Physical Examination form in order to continue participating in interscholastic athletics.

**If you are over the age of 18, initial and sign below. If you are NOT over the age of 18, your Parent or Legal Guardian must initial and sign this form.**

**IN RETURN FOR PERMITTING THE 30-DAY EXTENSION OF TIME TO OBTAIN A PREPARTICIPATION PHYSICAL EXAMINATION, BY SIGNING BELOW, I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

- 1. I acknowledge that student has the current physical ability to safely participate in activities relating to the sport(s) of \_\_\_\_\_ Initials: \_\_\_\_\_

2. I consent to student participating in activities relating to the sport(s) of \_\_\_\_\_ Initials: \_\_\_\_\_  
without first having the required Preparticipation Physical Examination.

3. I understand that participation in sports related activities involves serious risks including, but not limited to, risk of great bodily or mental injury or death. **I further understand that participating in sports related activities without first obtaining a Preparticipation Physical Examination may increase this risk and I assume all foreseeable risks associated with participating in sports related activity.** Initials: \_\_\_\_\_

4. **I release, agree to hold harmless and agree not to bring any action, proceeding, claim, cause of action or to sue** \_\_\_\_\_ Initials: \_\_\_\_\_  
School, \_\_\_\_\_ School District  
and the CIF, including, but not limited to, their respective governing boards, sections, officers, employees, and agents, for any bodily or mental injury or harm, death, property or any type of damage, whether or not caused by the negligence or other fault of the \_\_\_\_\_  
School, \_\_\_\_\_ School District  
and CIF, arising out of student's participation in sports related activities.

**I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY FORM AND REALIZE IT RELATES TO RELINQUISHING AND RELEASING VALUABLE LEGAL RIGHTS WHICH I DO FREELY AND VOLUNTARILY.**

**If you are NOT over the age of 18, your Parent or Legal Guardian must sign here.**

I am (circle one) **the Parent / the Legal Guardian** of:

\_\_\_\_\_  
(Print Student's Name Here)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/2020

**Print Name:** \_\_\_\_\_

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

**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Email Address:** \_\_\_\_\_

**If you are over the age of 18, sign here.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/2020

**Print Name:** \_\_\_\_\_

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

**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Email Address:** \_\_\_\_\_

## STUDENT HEALTH SCREENING FORM

This document must be signed by the parent/guardian/caregiver of the student and submitted to the school administration in order to request a 30-Day Waiver of the required Pre-Participation Physical Examination.

We agree to the following statements:

1. My son/daughter has not been diagnosed with COVID infection.
2. If my son/daughter develops the symptoms of fever, cough, difficulty breathing, headache, new loss of smell or taste, nausea, vomiting, diarrhea, unusual muscle aches, fatigue different from conditioning fatigue, unusual skin rashes like COVID toes, I will not allow them to attend school or practice and will contact their doctor.
3. My son/daughter does not have a history of cardiac problems (high blood pressure, irregular heartbeat, collapse), moderate to severe asthma, cancer, kidney disease, sickle cell disease (not trait).

### I HAVE READ AND UNDERSTAND THIS STUDENT HEALTH SCREENING FORM

**If you are NOT over the age of 18, your Parent or Legal Guardian must sign here.**

I am (circle one) **the Parent / the Legal Guardian** of:

\_\_\_\_\_ (Print Student's Name Here)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/2020

**Print Name:** \_\_\_\_\_

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

**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Email Address:** \_\_\_\_\_

**If you are over the age of 18, sign here.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/2020

**Print Name:** \_\_\_\_\_

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

**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Email Address:** \_\_\_\_\_

**Note: This form must be submitted with the Student Preparticipation Physical Examination Waiver and Release of Liability Form.**