

# STOCKTON UNIFIED SCHOOL DISTRICT

## SIGNATURE FORM

I have read and reviewed the information provided in the Stockton Unified School District Athletic Department's Player Information Packet.

My signature below acknowledges my understanding and acceptance of the following forms and policies:

- CIF Sac-Joaquin Section - Code of Conduct
- CIF Sac-Joaquin Section - Sportsmanship Resolution
- Stockton Unified School District (SUSD)
  - Athletic Contract
  - Concussion Policy
  - Concussion Information Sheet
  - Eligibility Chart
  - Participation Policy
  - Steroid Use Policy
  - Franklin High School Social Probation Policy (See High School Policy)

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Student Identification No.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*This signature form must be submitted with your emergency information to your Athletic Director prior to participation in your sport.*

**HEALTH EXAMINATION**  
**(To Be Completed by Physician)**

Health examination for students are valid for 12 months.

Student's Name: \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

**LIST SIGNIFICANT PAST ILLNESS OR INJURY**

EYES \_\_\_\_\_ R20/ :L20/ HEARING \_\_\_\_\_ R/15:L /15

CARDIOVASCULAR _____	RESPIRATORY _____
SPLEEN _____	LIVER _____
MUSCULO-SKELETAL _____	HERNIA _____
NEUROLOGICAL _____	SKIN _____
URINALYSIS _____	GENITALIA _____

**COMMENTS**

I have examined this student and find him/her physically able to compete in supervised activities NOT CROSSED OUT BELOW:

Baseball	Cross-Country	Football Fall/Spring	Soccer	Swimming/Diving	Track
Weightlifting	Basketball	Cheerleading	Golf	Softball	Tennis
Volleyball	Wrestling				

\_\_\_\_\_  
Signature of Examining Physician

Date \_\_\_\_\_

Physician's Address \_\_\_\_\_  
\_\_\_\_\_

Physician's Phone No. \_\_\_\_\_

# SUSD ATHLETICS INFO CARD

(Please print legibly)

Student's Name \_\_\_\_\_ ID # \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother/Guardian Information	Father/Guardian Information
Name _____	Name _____
Email Address _____ Home Number _____	Email Address _____ Home Number _____
Daytime/Work Number _____ Cell Number _____	Daytime/Work Number _____ Cell Number _____
Mailing Address w/ Zip Code _____	Mailing Address w/ Zip Code _____
<p><b><u>Please list two relatives/neighbor/friends in close proximity to whom we may contact in an emergency if you cannot be reached.</u></b></p>	
Name _____ Number _____	Name _____ Number _____
<p><b><u>Please list anyone who MAY pick up the student from school or extended day (who is not listed above).</u></b></p>	

## MEDICAL HISTORY

Please describe any health conditions that Franklin HS should know about (ie: seizures, diabetes, stomach problems, etc.)

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Please describe any allergies (drug, food, bee stings, etc):

Please list any medication taken by your son/daughter:

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## PHOTO CONSENT

- I ALLOW Franklin High School to use photographs or video of my child in various media outlets. I understand that photos of my child may appear on Edison High School's website, pamphlets, advertising videos, or magazine ads, etc.
- I DO NOT allow Franklin High School to use photographs or video of my child in various media outlets.

## TRANSPORTATION CONSENT

- I ALLOW the coach, school authority, or school designee to transport my child to and from games/practices when district transportation is not provided.
- I DO NOT ALLOW the coach, school authority, or school designee to transport my child to and from games/practices when district transportation is not provided. I will transport my child to and from games/practices in a timely fashion.

## CONSENT FOR TREATMENT

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for the school authorities to take appropriate action for the safety and welfare of my child.

Mother/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Try-Out Card

Name \_\_\_\_\_ Grade \_\_\_\_\_

Current School (Circle 1): Franklin, HCA, Merlo, PLA (Stagg Only) SECA, Weber

Home Address:  
\_\_\_\_\_

If you **attend** anywhere **other than Franklin**

Please attach the following documents:

1. Transcript
2. Current Class Schedule
3. Physical Clearance

*Athletic Director to fill out everything below this line.*

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Academic \_\_\_\_\_ (gpa)/\_\_\_\_\_ (credits) **Level:** Frosh, JV, Varsity

Physical \_\_\_\_\_

Contract \_\_\_\_\_

Med Card \_\_\_\_\_

Textbooks \_\_\_\_\_

**Sport:**

**Fall:** Football, Volleyball, Cheer, Girls Golf, Girls Tennis, Water Polo, Cross Country

**Winter:** Boys' Basketball, Girls Basketball, Wrestling, Boys Soccer, Girls Soccer

**Spring:** Baseball, Softball, Track, Swimming, Boys Tennis, Boys Golf, Badminton

Eligible \_\_\_\_\_

Ineligible \_\_\_\_\_

Probation Needed \_\_\_\_\_

CIF Paperwork Transcript \_\_\_\_\_

**AD Approval:** \_\_\_\_\_