



## HOOVER ATHLETICS SPORTS INFORMATION & PACKET

Hoover High School will continue to use FamilyID for all sports paperwork. This is a free service provided by Hoover High School. Once you register and complete the paperwork for your child or children, you will not have to register again, just update your information annually. Please follow the directions below on how to complete the paperwork. **Page 2, PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM, and Page 3, COVID 19 Release are to be returned to the Hoover Athletic Trainer.**

Go to this website: <https://www.familyid.com/organizations/hoover-high-school>  
There is also a link on the Hoover High School webpage, [www.hooverpates.org](http://www.hooverpates.org).

Register with FamilyID and complete the information for your child. Please sign your child up for the sports they intend to participate in. Once completed, an e-mail will be sent to the Hoover Athletic Department. Keep your login information as you will use this to update annually or if there are any changes. **FamilyID opens for 2020-2021 on June 1, 2020.**

In order to be approved to participate, your child must be **registered with FamilyID** and turned in a **PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM**. A note from the physician is also acceptable. **All PREPARTICIPATION PHYSICAL EVALUATION forms must be dated ON or AFTER May 1, 2020.**

**Page 2, PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM, is to be turned into the Athletic Trainer. Do not leave in mailbox or with anyone else. Coaches will be notified as students are approved to participate.**

**Page 3, COVID 19 RELEASE FORM, is to be turned in prior to participation. Can be submitted to the head coach.**

If you do not have access to a computer to register, please contact the Hoover Athletic Office and we can arrange access at school for you.

If you are having registration issues with FamilyID, please call their support line at 888-800-5583 or e-mail at [support@familyid.com](mailto:support@familyid.com).

If you have any questions, please contact the Hoover Athletic Office at 559-451-4064.

# PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Student Id: \_\_\_\_\_

Sport(s) requesting clearance for: \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_ BMI% \_\_\_\_\_ B/P \_\_\_\_\_ R / L P \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_

Hgb \_\_\_\_\_ Vision Pass/Fail Corrected  Y  N Hearing RT \_\_\_\_\_ LT \_\_\_\_\_

HR after exercise \_\_\_\_\_; 2 min rest \_\_\_\_\_ Normal / Abnormal Recovery

**Medically eligible** for all sports without restriction

**Medically eligible** for all sports without restriction with **recommendations** for further evaluation or treatment of

**Not** medically eligible pending further evaluation of \_\_\_\_\_

**Not** medically eligible for any sports \_\_\_\_\_

Recommendations:

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) listed on this form. If conditions arise after the athlete has been cleared for participation, the practitioner may rescind the medical eligibility until the problem is resolved.

Name of practitioner (print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of practitioner: \_\_\_\_\_, CPNP

## EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Pertinent health information: \_\_\_\_\_



### COVID-19 Liability of Risk Return to Goal 2 Engagements

As the parent/guardian of the below-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child’s participation in and/or attendance at the Goal 2 engagement (i.e. 2020-21 Varsity Football), such risks include, but are not limited to: injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) waive and release all claims, causes of actions, actions, liabilities, and costs against the Fresno Unified School District (District) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively District Personnel) and hold harmless the District and District Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of, or result from my child’s participation in or attendance at such engagement; and (3) assume all obligations for any medical, financial, and other costs and/or liabilities that may be sustained or incurred by my child, myself, or my agents, heirs, and/or successors. Fresno Unified assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned Goal 2 engagement.

---

**Parent/Guardian’s Name**

---

**Parent/Guardian Signature**

---

**Parent/Guardian’s email address:**

---

**Parent/Guardian’s Cell Number:**

---

**Home Address & City**

---

**Zip Code**

---

**Student’s Name**

---

**Student Signature**

---

**Student ID#**

---

**Student Date of Birth**

---

**Emergency Contact (1<sup>st</sup>) Name**

---

**Emergency Cell Number**

---

**Emergency Contact (2<sup>nd</sup>) Name**

---

**Emergency Cell Number**