* Membership Form (Application) * Boxing Physical * Liability Release Form (Wavier)

* Copy of Birth Certificate * Copy of most recent Report Card * Copy of School ID

Clear Form

MUST HAVE ALL THE ABOVE WHEN REGISTERING

CYAC WEBSITE

MEMBERSHIP APPLICATION

COMMUNITY YOUTH ATHLETIC CENTER
1018 National City Blvd, National City, CA 91950
WWW.CYACTEAM.ORG
(619) 474-2922

PARTICIPANTS INFORMATION

Name_____
First Last M.I.

Address_____

City_____State_____Zip_____

Home_____Cell_____Email _____

PARTICIPANT'S BACKGROUND

Birthday_____Age _____ Gender _____

Ethnicity (check one):

☐ African-American ☐ Asian ☐ Hispanic ☐ Other

☐ Native American ☐ Pacific Islander ☐ Caucasian

SCHOOL INFORMATION

Name of School_____Grade _____

Address _____

Office Number_____Fax _____

PARENT'S / GUARDIAN'S INFORMATION

Name_____Relationship _____

Email_____Cell Phone _____

Employer_____Work Phone_____

Name_____Relationship_____

Employer_____Work Phone _____

Email_____Cell Phone _____

PARTICIPANT LIVES WITH (check all that apply)

☐ Mom ☐ Grandma ☐ Sister(s)/Step ☐ Aunt ☐ Cousin(s)

☐ Dad ☐ Grandpa ☐ Brother(s)/Step ☐ Uncle ☐ Other

Total amount of people living in house: _____

MEDICAL INFORMATION

Any medical problems/allergies: _____

_____

List all medications currently taking: _____

_____

Preferred Hospital: _____ Phone: _____

Preferred Physician: _____ Phone: _____

FUNDING INFORMATION

The following information is necessary for our records and the funding CYAC receives. The answers you provide are confidential. Your cooperation providing this information is both appreciated and necessary.

Programs (check all that apply):

_____ FDC
_____ SSDI
_____ SSI
_____ Food Stamps
_____ General Assistance
_____ Veterans Assistance

Annual Income (check one):

_____ $9,000 or below
_____ $9,000 to $12,000
_____ $12,000 to $15,000
_____ $15,000 to $19,000
_____ $19,000 to $23,000
_____ $23,000 to $28,000
_____ $28,000 to $32,000
_____ $ 32,000 to $37,500
_____ Over $37,500

I have read the completed application, understand the rules and conditions under which Community Youth Athletic Center (CYAC) operated and that it is not a licensed child care agency. I have explained them to my child and request my child is admitted as a member. I understand the "Open Door Policy" which allows members to come and go, as the desire. It is understood and agreed that the CYAC shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the result therefore, incurred and suffered by my child on any property of CYAC. I further give my permission for any photographs in which my child may appear to be used in any way for publicity by CYAC.

_____

Participants Signature Date

_____

Parent/Guardian Signature Date

CYAC Boxing Program
Release & Wavier Application

Last Name: _____First Name: _____Mi:_____

Birth Date:_____Age:_____Male:_____Female:_____

Address:_____

City:_____Zip:_____

Telephone: Home ( )_____Work: ( )_____

Emergency Contact:_____Phone:_____

Release and Wavier, Assumption of Risk

IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN ANY WAY IN CYAC BOXING PROGRAM, ACTIVITIES I AGREE:

1. I understand the nature of the CYAC Boxing Program Activities and my experience and capabilities and believe I am qualified to participate in such activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the activity. I further agree and warrant that if I believe Conditions to be unsafe, I will immediately discontinue further participation in the activity.

2. I fully understand that: (a) the CYAC Boxing Program activities involve risks and dangers of serious and badly injuries, including Permanent Disability, Paralysis and Death (Risks); (b) these risks and dangers may be caused by me or the actions or the inactions of others participating in the activity, the condition in witch the activity takes place, or the negligence of the "releases'' named below ;(c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time; and I fully accept and assume all such risk and all responsibility for losses, costs and damages incurred as a result of my participation in these activities.

3. I hereby release, discharge, covenant not to sue, and agree to indemnify and save harmless the CYAC Boxing Program, their respective administrators, directors, agents, officers volunteers, employers, other participants, any sponsors, owners, and lessors on witch the activity takes place from all liability, claims demands, losses, or damages on my account caused or alleged to be caused a whole or in part by the negligence of the "releases'' or otherwise. Including negligent rescue operations and further agree that if despite this release, I , or anyone on my behalf makes acclaim against any of the release above, I will indemnify, save and hold harmless each of these releases from any litigation expenses, attorney fees, loss liability, damage or cost any incur as the result of any such claim.

X_____ _____

Signature of Applicant **Date**

Parent or Guardian Consent

I am the parent or guardian of the child applying for membership. My child is fit for participation in the CYAC Boxing Program activities, and I consent to my child's participation. I have read and understand the membership application and wavier and release. In consideration of allowing my child to participate, I consent to it any agree that its terms shall likewise bind me, my child, my heirs, legal representatives, and assignees. I hereby release and shall defend, indemnify and hold harmless the releases from every claim and liability that I or my child my allege against the releases (including reasonable attorney's fees or costs) as direct result of injury to me or my child because of my child's participation in the activities or events, whether caused by the negligence of the releases or others. I promise not to sue releases on my behalf or on behalf of my child regarding any claim arising my child's participation in any CYAC Boxing Program Activities.

X _____ _____

Signature of Parent/Guardian if Participant is under 18 **Date**

PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Physical Examination Signature Page

Attach this page to your athlete passbook (if possible, keep a copy for your records)

Athlete	
Date of Birth:	
Signature:	Date:
Parent/Guardian Signature (if under 18):	

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named athlete and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/ guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Attach this page to your athlete passbook (if possible, keep a copy for your records)

Community Youth Athletic Center Questionnaire

Name_____

Date_____

1. Do you feel comfortable defending yourself and others? **(Y/N)**

2. Do you feel comfortable speaking giving a presentation? **(Y/N)**

3. Do you trust law enforcement? **(Y/N)**

4. Do you feel that coming to the gym has/will help you in school? **(Y/N)**

5. On a scale of 1 to 5, how easy is it for you to make friends? **(1=Difficult, 2=not easy, 3=somewhat easy, 4=easy, 5=very easy)**

6. On a scale of 1 to 5, how easy is for you to ask for help? **(1=Difficult, 2=not easy, 3=somewhat easy, 4=easy, 5=very easy)**

7. After completing high school, what you see yourself doing? **(College, Trade School, Military, Other).**

8. Do you like trying new activities?