

ATHLETIC CLEARANCE PACKET INFORMATION

Please review these instructions in order to complete the Athletic Packet for your student.

1. Separate the packet in the order as stated below:
 - a. Athletic Checklist
 - b. Emergency card
 - c. Sports Physical Examination form
 - d. Agreement for Team Participation
 - e. Transportation form
 - f. Steroid Use form
 - g. Concussion & Head Injury sheet
 - h. Athletic Policy Signature form
 - i. Athletic Policies/Regulations – Retain this for your reference
2. All of the above forms must be completed, signed, and returned to the Administration Office prior to being approved for athletic participation. Any errors will delay your participation in athletics. Ensure that you have signed and dated everywhere that is required. Pay close attention to the Insurance requirement on the Participation form. YOU MUST INDICATE YOU HAVE INSURANCE, NAME OF YOUR INSURANCE CARRIER, AND THE POLICY NUMBER!
3. The first page is the Athletic Checklist. Fill-out your name, address, and telephone number. DO NOT FILL- OUT ANY OTHER PORTIONS – Administration Use Only.
4. After your physical is taken and all other forms are completed and signed return the entire packet to the ADMINISTRATION OFFICE FIRST not your Coach. We will then review the packet, give you the Emergency card and a Pink Clearance slip and you will take these to your Coach which will indicate you are ready to participate in that sport.
 - a. Expect a minimum of 48 hours to clear this packet. Please keep in mind you are not the only athlete turning in a packet and processing takes time.
 - b. Once the season is over your Coach should return your Emergency card to the Administration office where it will be kept on file for any future sports you plan to participate in.
5. Administration will accept only original documents with original signatures (faxes will not be accepted)

DEL CAMPO ATHLETIC CHECKLIST

THIS FORM MUST BE RETURNED WITH YOUR CLEARANCE PACKET TO THE ADMINISTRATION OFFICE
BEFORE CLEARANCE IS GRANTED

Please Print The Following Information:

| | | |
|----------------------|--------------------------------|-----|
| Athlete Name | | |
| Street Address | | |
| City | State | Zip |
| Home Phone | Cell /Alternative Phone Number | |
| Email | | |
| Parent/Guardian Name | | |

DO NOT WRITE BELOW THIS LINE

| Name of Form | Clear | Not Clear |
|--|-------|-----------|
| Athletic Checklist Form | | |
| SJUSD Emergency Card | | |
| SJUSD Athletic Physical Examination Form | | |
| SJUSD Agreement for Team Participation | | |
| SJUSD Steroid Agreement | | |
| SJUSD Transportation Form | | |
| SJUSD Concussion and Head Injury Information Sheet | | |
| SJUSD Athletic Policy Signature Form | | |

| Sport | Administrative Clearance |
|-------|--------------------------|
| | |
| | |
| | |

STUDENT ID # _____

EMERGENCY INFORMATION
 San Juan Unified School District

BRIDGES _____ DISCOVERY CLUB _____

CHILD'S FULL LEGAL NAME:

Last _____ First _____ Middle _____

☐ Male ☐ Female
 Grade _____ Room _____
 Teacher/Counselor _____
 Walk _____ Car _____ Bus _____ DC _____

Name Child uses (nickname): _____ Birthdate _____

Parent or Guardian Information:

Student Lives with: (Check One) Father Only _____ Mother Only _____ Both Parents _____ Foster/Guardian _____

Primary Contact Number _____

NOTE: If a legal action curtails the rights of a parent/guardian, you must attach the most current copy of any stipulations or court orders.

☐ Attached ☐ not applicableFather: _____ Check One: ☐ Natural ☐ Step ☐ Guardian/Foster ☐ Other Parent

Home Address: _____

 No. _____ Street _____ Apt. _____ City _____ ZIP _____ Home Phone _____
 Employer: _____ Business Phone: _____ Cell Phone _____ Email Address: _____
Mother: _____ Check One: ☐ Natural ☐ Step ☐ Guardian/Foster ☐ Other Parent

Home Address: _____

 No. _____ Street _____ Apt. _____ City _____ ZIP _____ Home Phone _____
 Employer: _____ Business Phone: _____ Cell Phone _____ Email Address: _____
If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to: (Other than listed above)

Name: _____ Home/Work Phone: _____ Cell phone: _____

Check One: ☐ Relative ☐ Day Care Provider ☐ Friend ☐ Neighbor ☐ Other: _____

Name: _____ Home/Work Phone: _____ Cell phone: _____

Check One: ☐ Relative ☐ Day Care Provider ☐ Friend ☐ Neighbor ☐ Other: _____

Physician's Name: _____ Medical Coverage by: _____ ID# _____

Address: _____ Physician's Phone: _____ Hospital Preference: _____

**Parent
Must
Check
One**

- ☐ 1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.
- ☐ 2. I do not choose the above statement and desire the following action in the event of an emergency: _____

X _____
Parent/Guardian Signature

Date

X _____
Parent/Guardian Signature

Date

FORM #105971 REV 4/10

TURN CARD OVER AND COMPLETE HEALTH INFORMATION**PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD****VISION:**

- ☐ Wears glasses ☐ To be worn at all times
☐ Wears contacts ☐ To be worn at all times
☐ Requires preferential seating

Date of last eye exam: _____

Under care of Dr. _____ Phone: _____

Comments: _____

HEARING:

- ☐ Has a hearing problem ☐ Has tubes in ears ☐ Uses hearing aid
☐ Requires preferential seating

Under care of Dr. _____ Phone: _____

Comments: _____

PLEASE READ AND SIGN

"I authorize the release of my child's medical information (1) by the school district and the provider of services to the billing agent and (2) by the school district to my insurance carrier as necessary to process a claim or to request payment of Medical Assistance Benefits. Shared information will be limited to health service documentation only."

Parent/Guardian Signature _____

Date _____

Print Name _____

Relationship _____

HEALTH CONCERNS:

1. Has the following condition(s):

- ☐ Asthma ☐ Seizures ☐ Migraines ☐ Diabetes
☐ Hyperactive (ADHD) ☐ Heart condition
☐ Allergies (describe): _____

☐ Allergic reaction to bee stings (describe): _____☐ Other: _____Are any of the above life threatening? ☐ yes ☐ no (explain): _____

2. List medication prescribed: _____

Current dosage: _____

For (diagnosis): _____

Prescribed by Dr. _____ Phone: _____

Does the drug need to be taken during school hours? ☐ yes ☐ no"Medication in School" form on file (renew annually) ☐ yes ☐ no

3. Has a physical condition which limits participation in:

- ☐ Classroom activities ☐ Physical education

(Please explain): _____

Under care of Dr. _____ Phone: _____

4. School of former attendance: _____

City: _____ State: _____



San Juan Unified School District SPORTS PHYSICAL EXAMINATION FORM

| PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN) | | | | |
|--|------------|--------------|--------------|-------------------|
| LAST NAME | | FIRST NAME | | GRADE |
| BIRTHDATE | FALL SPORT | WINTER SPORT | SPRING SPORT | STUDENT ID NUMBER |

| PART 1 -- HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination) | | | | |
|--|--------------------------|---|------------------------------|---|
| Yes | No | Has this student had: | | |
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Chronic or recurrent illness? | 16. <input type="checkbox"/> | Injuries requiring medical care or treatment? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Illness lasting over 1 week? | 17. <input type="checkbox"/> | Neck or back pain or injury? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Hospitalizations or Surgeries? | 18. <input type="checkbox"/> | Knee pain or injury? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Nervous, psychiatric, or neurologic condition? | 19. <input type="checkbox"/> | Shoulder or elbow pain or injury? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands? | 20. <input type="checkbox"/> | Ankle pain or injury? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Allergies (medicines, insect bites, food)? | 21. <input type="checkbox"/> | Other joint pain or injury? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Problems with heart or blood pressure? | 22. <input type="checkbox"/> | Broken bones (fractures)? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Chest pain or significant or severe shortness of breath during or after exercise? | 23. <input type="checkbox"/> | Does this student presently: |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting with exercise? | 24. <input type="checkbox"/> | Wear eyeglasses or contact lenses? |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Fainting, bad headaches or convulsions? | 25. <input type="checkbox"/> | Wear dental bridges, braces or plates? |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Potential concussion or loss of consciousness? | 26. <input type="checkbox"/> | Take any medications? (List below): |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Heat exhaustion, heatstroke, or other problems managing or responding to heat? | 27. <input type="checkbox"/> | Further history: |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Racing heartbeat, skipped or irregular heartbeats, or heart murmur? | 28. <input type="checkbox"/> | Birth defects (corrected or not)? |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Seizures or seizure disorders? | 29. <input type="checkbox"/> | Death of a parent or grandparent less than 40 years of age due to medical cause or condition? |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Severe or repeated instances of muscle cramps? | | Parent or grandparent requiring treatment for heart condition less than 50 years of age? |
| | | | | Been seen by a physician on an emergency or urgent basis in the last 12-months? |

Date of last known tetanus (lockjaw) shot: _____ Date of last complete physical examination: _____

Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):

| | | | |
|--|--|---------------------------------|------------|
| PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be performed by District volunteers, I understand the evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider. | | | |
| PRINT NAME OF PARENT OR GUARDIAN | | SIGNATURE OF PARENT OR GUARDIAN | |
| ADDRESS | | WORK PHONE | HOME PHONE |
| REGULAR PHYSICIAN'S NAME | | DATE | |
| | | OFFICE PHONE | |

| PART 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER) | | | |
|--|--------|-----------------------|---|
| This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s) | | | |
| | NORMAL | ABNORMAL (Describe) | (May be contained on Provider's Form) |
| Eyes/Ears/Nose/Throat | | | Height: _____ Weight: _____ |
| Heart, lungs, pulmonary function | | | Pulse: _____ After Ex: _____ |
| Abdomen, genital/hernia (males) | | | BP: _____ |
| Skin and Musculoskeletal: | | | Recommendation: <input type="checkbox"/> Unlimited participation <input type="checkbox"/> Limited participation/specific sports, events or activities <input type="checkbox"/> Clearance withheld pending further testing/evaluation <input type="checkbox"/> No athletic participation One of the above MUST be checked. |
| a. Neck/Spine/Shoulders/Back | | | |
| b. Arms/Hands/Fingers | | | |
| c. Hips/Thighs/Knees/Legs | | | |
| d. Feet/Ankles | | | |
| Neurologic Screening Exam (NSE)/ | | | |
| Concussion Screening Evaluation (only if needed based on above info.) | | | |
| Comments: | | | |
| PRINT NAME OF PHYSICIAN | | PHYSICIAN'S SIGNATURE | |
| | | DATE | |



AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities

Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

| | |
|----------|------------|
| Student: | Address: |
| Grade: | DOB: |
| School: | Telephone: |
| Team(s): | |

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities ("Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the

administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: **Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the District.** Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/Medical. If this option is selected, please provide _____ (Name of Insurer/Provider) and _____ (Policy number/Identifying number), _____ (list coverage dates or "continuous"). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221.

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District (please contact Risk Management at 971-7756 for additional information). If you are financially unable to pay for such insurance, contact Risk Management at 971-7756 to see if a payment waiver is available. If no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian

Signature

Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student

Signature

Date



TRANSPORTATION INFORMATION – BY COMMERCIAL VEHICLE

TRANSPORTATION INFORMATION- BY SCHOOL VEHICLE

TRANSPORTATION INFORMATION- BY PRIVATE AUTOMOBILE FOR SCHOOL DESIGNATED VOLUNTEER DRIVERS

5/2007

San Juan Unified School District

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

_____ (print name of student athlete)

As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Governing Board of the San Juan Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement on the U.S. Anti-Doping Agency banned substance list without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her including, but not limited to, restriction from athletics or suspension or expulsion from school.

Signature of student athlete

Date

Signature of parent/guardian

Date



San Juan
Unified School District

CONCUSSION AND HEAD INJURY INFORMATION SHEET

| | | | |
|----------|--------------|------------|--|
| Student: | | Address: | |
| Grade: | | Telephone: | |
| School: | School Year: | DOB: | |

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____ Dated: _____

Student _____ Adult _____

Signature _____ Signature _____

Del Campo High School

ATHLETIC POLICY SIGNATURE FORM

*****READ, SIGN, AND RETURN TO THE ADMINISTRATION OFFICE*****

The signature below will verify that the parent/guardian and the student/athlete have read and understand the Del Campo High School Policies and Regulations for Interscholastic Athletic Competition. Please **print your name and then sign with your signature.**

Student/Athlete: (please print name) _____

Signature: _____

Date: _____

Parent/Guardian: (please print name) _____

Signature: _____

Date: _____

RESIDENTIAL ELIGIBILITY QUESTIONS: (circle answers)

- | | | |
|---|-----|----|
| 1. Did you attend high school last year? | Yes | No |
| 2. If yes, did you attend Del Campo HS for the entire year? | Yes | No |
| 3. <u>If no to #2</u> , please write in the previous high school you attended | | |

High School: _____

Address: _____

City: _____

State: _____

ZIP: _____

Athletic Phone#: _____

ATHLETIC POLICIES & GUIDELINES

The Interscholastic Athletic Program is an integral part of the total educational program at Del Campo High School. We would like to be certain that you are aware of the policies and regulations used as guidelines for participation in any sport sponsored by the school. Please read the following policies/guidelines carefully, knowing that both the coaches and the administrators will refer to them in discussing questions pertaining to acceptable conduct of a Del Campo student/athlete in the school's interscholastic athletic program. We feel these guidelines will be helpful in reassuring that our programs will result in a rewarding experience for all participants.

PRE-PARTICIPATION REQUIREMENTS

Athletes must complete several steps before they can be cleared for athletic participation. They need to obtain an Athletic Clearance Packet from the Athletic Director's office, Administration Office or online at www.delcampoathletics.org. When completed they must be returned to the Athletic Director for approval.

1. **A physical examination and doctor's certification on the SJUSD Physical Exam document are required.** Documents generated by your doctor will not be accepted. In order for the student to be accepted for athletics, the physical must be completed after June 1 prior to the school year in which the athlete plans to compete. You need only one physical annually regardless of the number of sports in which you participate.
2. **Emergency Care Card** is required
3. Both athlete and parent must sign the **Agreement for Team Participation** form granting permission for you to take part in all or any one particular sport.
4. **Insurance coverage** is required to cover possible accidents. You must have medical coverage (at least \$1,500). Coverage may be by parent's private insurance company or school accident insurance policy. If the coverage is by a private company, **the parents must state the name of the company and medical record number on the Consent Form.**
5. The parent must fill out and sign the **Athletic Activities Transportation form**.
6. Both athlete and parent must sign the **Steroid Use Form** acknowledging that the student athlete will not use steroids or other substances which are banned for use by athletes.
7. Read and sign **Concussion Information Sheet**.
8. You must present to the Athletic Director the appropriately **signed Policies and Regulations Forms**.
9. A student has opportunity to participate/tryout for a team once all athletic policies and regulations have been submitted and the coach has received the Emergency Care Card signed by the Athletic Director.

ACADEMIC ELIGIBILITY REQUIREMENTS

To encourage and promote academic excellence, all students participating in extracurricular activities shall demonstrate satisfactory minimum progress in meeting the requirements of graduation by undertaking the prescribed course of study and meeting the standards of proficiency established by the District.

The requirement has two elements. To be eligible for participation, the student:

1. Must have earned an overall minimum **2.0** grade point average on a **4.0** grading scale during the preceding grading period; and
2. Must have passed three of four classes during the preceding grading period. Students taking only the minimum number of classes must pass all of their classes to be eligible.

According to the CIF, scholastic eligibility requires the student to pass the equivalent of at least 20 semester periods of work at the completion of the most recent grading period. **Weighted grades** are not used to calculate eligibility per the CIF Bylaws.

A grading period will constitute an eligibility period. The grade issued at the end of each grading period will be used to determine eligibility.

- a. For purposes of determining eligibility, a grade of incomplete is computed as an "F" or failure until a letter grade is assigned. When the letter grade is determined, the student's grade point average is refigured. Generally, incompletes are only assigned when a student had a long-term illness or after unforeseeable and unpreventable absence from school that prevented the student from completing the assigned work during the grading period.
- b. For eligibility purposes, once a letter grade is assigned, the grade may be changed only if the person assigning the grade determines that an error was made in computing the grade. If a student requests that a teacher reconsider a grade, the reconsideration must be based on work assigned, due, and completed prior to the end of the grading period. Work submitted or assigned after the end of the grading period may not be used to improve or diminish an assigned grade.

Schools declare at the beginning of the year the grading periods and eligibility declaration days that they will use. Eligibility will be declared after each school-wide grading period.

A student becomes eligible or ineligible for athletic participation only when declared so by the site Athletic Administrator or site Athletic Director.

Del Campo will follow CIF guidelines and procedures related to the eligibility of continuation/independent study school students returning to a comprehensive high school. Please check with the school's Athletic Director or Administrator.

PROBATION/INTERVENTION

A student may be granted only one period of probation per school year, beginning with the first schoolwide (9th grade) grading period. The probation may be granted only if the student has met one of the two academic eligibility requirements. If the student is below both standards, he/she will not be granted probation. A probation period is the same length and duration as a grading period.

During a probation period the student is still considered “ineligible” but is granted an opportunity to still practice and compete under the guidelines and regulations established by the CIF. When a student is on probation they will report to intervention on days prescribed by the Athletic Director. Athletes will be required to complete three (3) hours per week of afterschool intervention. They may attend practice only after they have completed their daily intervention requirement. Intervention periods are during the time frame between grading periods.

When an athlete becomes eligible for probation they must automatically apply for and take a probation period. Athletes do not have the choice as to when they will take their probation. Any athlete who quits his/her sport during a probation period will be deemed to have used their probation period for that school year and will be ineligible to apply for probation for the remainder of the school year.

All athletes that are ineligible and do not qualify for probation will not be allowed to compete during the grading period in which they are declared ineligible. Non-probationary athletes must attend after school intervention in order to remain with and practice with the team.

The athletic administrator will ensure that transfer students are held to the same eligibility standards as students within this District and are consistent with CIF Bylaws. Transfer students will be granted one probationary period per school year.

RESIDENTIAL ELIGIBILITY

A student has residential eligibility upon initial enrollment in the ninth grade of any California Interscholastic Federation high school. A student retains residential eligibility if continuously enrolled in the CIF member high school of initial enrollment, transfers prior to the first day of the sophomore year or changes schools with a valid change in residence as defined in CIF Bylaws. Any ninth grade student who is transferring for a second time, or any tenth, eleventh or twelfth grade student, who transfers without a valid change of residence, will be subject to a CIF Sanctioned sit out period. Mandatory paperwork needs to be completed with the Athletic Director and sent to the Section CIF office. Any evidence of undue influence (recruiting), academic ineligibility at a previous school or disciplinary reasons for a transfer will impact eligibility at the new school.

The only exceptions to this rule will require documentation of a hardship which is defined as an “unforeseeable, unavoidable and uncorrectable act, condition or event which causes the imposition of a severe and non-athletic burden upon the student/family.” The section and state CIF will review the documentation for a waiver of this rule.

A transfer student shall contact the athletic director or administrator in charge of athletics to determine his/her eligibility status and to complete any necessary forms. No athlete shall participate in competition until all forms have cleared.

Any student whose address has been falsified to achieve residential eligibility will be ineligible in all interscholastic athletic competition for a period of one year from the date the infraction is verified.

If a student and his/her parents move out of the attendance area but the student remains at the school, the student will maintain eligible but should immediately report his/her change of residence to the Attendance Office.

OUTSIDE COMPETITION

A student on a high school team becomes ineligible if the student competes in a contest on an "outside" team, in the same sport, during the student's high school season of sport. In the sport of soccer, it is permissible for a student to compete on an outside team during the season of sport if the high school team plays in the fall or spring.

Any student, who competes on a school team after an infraction of the above rule, becomes immediately ineligible for the number of contests equal to twice the number of contests of outside competition in which the student participated. Games, in which the student participated, after the infraction of the rule, shall be forfeited.

It is permissible for a high school team member to participate in a spontaneous recreational activity or game in which sides or teams are chosen without regard to players representing any group or organization. Such participation would not cause loss of eligibility.

Any athlete qualifying for an Olympic Development Program is required to contact the Athletic Administrator at least 30 days prior to participation.

Each CIF section may grant approval, upon individual petition, for a gifted athlete to travel to a foreign country to participate in international competition sanctioned by the governing body for that sport in the United States.

Any athlete who has any questions about eligibility, or who is considering outside competition, should contact the administrator in charge of athletics **before** entering into any competition.

GENERAL CONDUCT

SPORTSMANSHIP

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character, teamwork and other important life skills. The highest potential of sports is achieved when participants are committed to "Pursuing Victory with Honor" according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. This code applies to all student-athletes in California and has been adopted as the operating beliefs and principles of the California Interscholastic Federation (CIF). From these six core principles, a set of specific rules has been established by each respective coach.

An additional aspect of good sportsmanship includes respect for all people and institutions associated with athletic competition. Athletes will be required to exhibit respect to officials, coaches, staff, fans, and opponents.

Athletes must understand that compliance with the standards of good sportsmanship is required regardless of the particular situation. Athletes or coaches who are ejected from an athletic competition will be disqualified from participating in the remainder of the game and from attending the next athletic contest.

Athletes should demonstrate sportsmanship and ethical behavior whether experiencing success or failure, victory or defeat.

HAZING

A pupil may be suspended from school, removed from a team, or recommended for expulsion if that pupil has committed an act of, engaged in, or attempted to engage in, hazing. "Hazing includes any method of initiation or pre-initiation into a student organization or student body or any pastime or amusement engaged in with respect to these organizations which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any pupil or other person attending any school."

SCHOOL ATTENDANCE

Coaches recognize the importance of school attendance and expect athletes to establish good attendance patterns.

1. Students must attend at least two classes during the school day in order to participate in either practice or competition on that day. A student cannot be absent on the day of a game unless he/she previously clears with his/her principal or athletic director. Doctor or dental appointments will be accepted with a verification note. If there is any doubt, the athlete should clear with the Principal or Athletic Director prior to competition. An athlete who violates this requirement will be suspended at least one game.

2. If a contest is held on a non-school day, the student must attend at least two classes on the school day prior to the contest.

3. Students failing to comply with the district attendance policy will be referred to their coach for discipline.

PRACTICE ATTENDANCE

Students who participate in athletics make a commitment to a team and are expected to maintain good practice attendance.

1. Students are expected to attend all practices and contests, unless they are absent from school due to illness or the coach excuses them. Students are expected to communicate directly with the coach when they cannot attend a practice.
2. Unexcused absences from practice, or failure to maintain good attendance, may be cause for removal from a team.
3. Coaches may adopt individual rules for practice and contest attendance.

TRAINING RULES

The coaches support healthy behaviors by all athletes at all times. Athletes will be held responsible for all training rules while on school grounds, while going to or coming from school, or at a school-sponsored activity, during the officially recognized CIF "season of sport" as defined by CIF Bylaw 511, Section B. Athletes will also be held accountable for any off campus violation of training rules.

Students should understand that the coaches in the San Juan Unified School District believe that the use of tobacco, alcohol, and drugs is not acceptable and will not be tolerated for high school athletes. The coaches believe that high school students should be aware of the negative effects of tobacco, alcohol, and drugs and any use of steroids or performance-enhancing substances.

1. Any student who uses or possesses drugs, alcohol or tobacco shall be removed from the team. Students who refer themselves to a staff member for help for substance abuse WILL NOT be subject to ANY discipline penalties unless they are apprehended breaking the rules.
2. The District and its coaches prohibit the use of androgenic/anabolic steroids, synephrine, or any performance-enhancing dietary supplement without a written prescription from a licensed health care practitioner to treat a medical condition.
3. A second offense within 365 days, involving drugs, alcohol or tobacco will cause the student to be ineligible for athletic participation for one calendar year from the date of the infraction. The student may not continue practice or participate with a team during the period of ineligibility.
4. Any suspension from school will result in a suspension from participation, attendance, and competition with the team beginning the first day of suspension through the last day of suspension.

SOCIAL PROBATION:

A student placed on social probation will be prohibited from attending participating in any non-mandatory school function, activity or event. Non mandatory school functions, activities or events include, but are not limited to participation on athletic teams including practices, dances/proms, athletic events, drama and musical productions, student club activities, and activities related to graduation, including the graduation ceremony. Social probation begins the first day of suspension. Violation of social probation will extend the extracurricular prohibition for an additional time period.

1. If a player quits an athletic team or is removed from the team for disciplinary reasons, he/she will not be allowed to tryout for another sport until the current team season is officially over.
2. If social probation is imposed prior to the start of a sports season tryout then the student/athlete will only be able to tryout once the social probation has ended but only up until the start of sanctioned league competition.
3. Forgery or falsification of any information on any form required to participate in athletics will result in the athlete being suspended from all athletic teams and participation for ONE YEAR from the date of the infraction.

TEAM MEMBER RESPONSIBILITIES

1. Be on time for games and practices. Coaches will take necessary action to see that this rule is enforced. Repeated violations may result in the player being dropped from the team.

2. Athletes appearance shall be presentable and in conformity with CIF guidelines. The head coach of each sport will determine special guidelines. All violations shall be referred to the head coach of that sport and to the athletic director.

3. There will be absolutely no cutting of practice. If you are at school during the day and then must be absent from practice for some good reason, you must report personally to the coach and check out. You owe this to your coach, who is organizing the practice for your benefit, and other team members, who are depending on you. If this personal report is not made in advance, the absence will be considered a cut of practice. Coaches will have the discretion of determining the number of cuts allowed before considering the dismissal of a player from the team. Be a loyal team member.

4. During the season, players are responsible for equipment checked out to them. They must keep it clean and accounted for at all times. At the end of the season, players are responsible for checking in all equipment clean and neat the day after the season ends. All team members are financially responsible for all issued athletic equipment. An athlete will not be allowed to practice or participate in any other sport until all equipment has been returned or accounted for from the previous team. Replacement costs rather than volume cost will be charged for non-returned equipment.

5. Remember that a player is never more important than a team and will be removed from said team if she/he does not live up to her/his obligations to the team, coaches, and school. If the coach does not take action, the Athletic Director, Principal, or Vice Principal may do so. The following are general points to remember:

- a. Remember that you represent Del Campo High School. Swearing will not be tolerated.
- b. You are responsible for proper conduct in the locker room at all times. This includes pre-game, halftime, and after game use.
- c. Respect other people's property. When you borrow school equipment to use, return it when you are finished. Also, make certain all equipment is put away after practice. Stay off the gym floor with street shoes of all types and always keep out of other player's lockers.

LETTERMAN QUALIFICATIONS

One of the benefits of participating in athletics is being awarded a block letter. However, this award is a privilege and NOT an entitlement.

1. The Del Campo Athletic Department has established the following criteria to qualify for a block letter award.
 - a. You must be an active participant with the varsity team by regularly attending practices and contests.
 - b. If you fail to complete the season through quitting, disciplinary, or academic reasons, you will not receive a block letter award or certificate of participation.
 - c. Coaches may establish stricter criteria for earning an award. Please consult with the coach.
2. You only receive a block letter for lettering in a varsity sport. Frosh and JV sports do not qualify for a block letter award.
3. All participants will receive a Certificate of Participation for successful participation and completion of a season with an athletic team regardless of level.
4. All varsity athletes may become eligible to be awarded a scholar athlete patch after the completion of their second consecutive semester of high school with a cumulative GPA of 3.5 or above.
5. Athletes only earn one block letter. Lettering in additional sports and years in a varsity sport earns that athlete a sport emblem to indicate that they have lettered in that sport.

PARENTAL RESPONSIBILITIES

Parents are expected to set an example of exemplary behavior and character for their child who is participating in athletics. Your child only gets four years to participate in athletics, please don't try to live vicariously through your child. Let them grow and become their own young man and woman. There are some standing rules/guidelines that parents should follow as well as using good common sense when dealing with coaches, other parents, and athletes.

1. Athletic contests can sometimes create an emotionally charged atmosphere. It is never wise to confront a coach after a contest. If you have something you would like to talk to the coach about, wait at least 24 hours after a contest to approach them.
2. Many of the issues you may want to talk about should be handled by the student athlete. Part of the growing and learning process is to allow them to take responsibility for themselves. Stand back and let them do so. They are on the verge of becoming young adults; they do not always need a parent to hold their hands. Some standing rules in this athletic program:
 - a. **NEVER** question the coach on playing time
 - b. **NEVER** question playcalling
 - c. **NEVER** question strategy
 - d. **NEVER** interfere with a practice: STAY OFF THE PRACTICE FIELDS.
3. If you have some other issue or conflict with the coach, make arrangements to meet them and discuss the issue. If this does not work contact the Athletic Director. If the Athletic Director cannot help you then the Athletic Director will refer the issue to an administrator.
4. Proper spectator behavior at athletic contests is crucial. Berating coaches, officials, fans, or athletes is unacceptable behavior. The athletes are out there doing their best and are here to have fun and enjoy the high school athletic experience. Nothing takes away more from that experience than an angry fan. Profanity and abuse at athletic contests will not be tolerated.
 - a. 1st offense will be a warning for the behavior unless a physical altercation takes place; in which the proper law enforcement authorities will be summoned.
 - b. 2nd and/or subsequent infractions of improper behavior may result in a letter of barment from the principal to attend school events, activities, and athletic contests. Such a letter has the force of law.
5. If you suspect that a coach is verbally or physically abusing your child, please report the behavior to the administration immediately.
6. Encourage your child to participate in as many sports as possible. Don't put all your eggs in one basket in hope for college scholarships. Colleges routinely recruit athletes that have a wide variety of interests and skills.

APPEALS OF ATHLETIC HANDBOOK RULES

Students may appeal the application of the rules in the Athletic Handbook to an Athletic Appeal Board. An appeal requires that the student and parent(s) or legal guardian(s) submit a written request identifying the specific rule and consequence they wish to appeal and the grounds for requesting the review. Rules established by the California Interscholastic Federation may be appealed only to the CIF Sac-Joaquin Section.

1. The Athletic Council will consist of an Administrator, the Athletic Director, and three coaches not involved in the disagreement.
2. The appeal will be held within five school days of the receipt of the written request for appeal from the student and parent.
3. The Athletic Council may uphold or modify the consequences for the violation as outlined in the handbook. The Athletic Council does not determine or review the facts of a school discipline incident but may modify the athletic consequences for the incident based on the intent and spirit of the handbook.