

# ANALY HIGH SCHOOL

## 2013-2014 ATHLETIC PARTICIPATION REQUIREMENTS

THE FOLLOWING INFORMATION **MUST** BE COMPLETED AND TURNED IN TO THE ATHLETIC DIRECTOR DURING DESIGNATED COLLECTION TIMES OR THE HEALTH TECH DURING THE SCHOOL DAY, **BEFORE** CLEARANCE TO TRYOUT OR PRACTICE WILL BE GIVEN. THIS PACKET **MUST** BE HANDED TO THE ATHLETIC DIRECTOR OR HEALTH TECH **IN PERSON**.

**\*\*THESE FORMS NEED ONLY TO BE COMPLETED ONCE IN A SCHOOL YEAR\*\***

(Athletes needing clearance for a second or third subsequent sport need only to bring their Athletic Donation check to the Health Tech office during the school day.)

### ATHLETIC PARTICIPATION PACKET CHECK LIST

- PARENT/STUDENT READ AND SIGN GENERAL REGULATIONS. (Page 3)
- PROVIDE INSURANCE INFORMATION. (Page 3)
- PHYSICAL (REQUIRED **YEARLY** BY THE STATE OF CALIFORNIA **DOCTOR OR NURSE PRACTITIONER ONLY**). (Page 4-5)
- PARENT/STUDENT READ AND SIGN CONCUSSION INFORMATION (Page 6-7)
- PARENT/STUDENT READ AND SIGN EJECTION POLICY/WARNING. (Page 8)
- EMERGENCY INFORMATION (Last 2 pages of packet. **DON'T FORGET TO SIGN FORMS**)  
\*\*Please fill out both copies\*\*

Due to severe cutbacks in WSCUHSD and California State funding for athletics, it is necessary to request a \$100 donation per sport. **Donations will be refunded to students who are cut from a team.** Please contact the Athletic Director for your refund within 15 days of the final cut.

- ATHLETIC DONATION (**\$ 100.00 PER SPORT**) PLEASE MAKE CHECKS PAYABLE TO AHS ATHLETICS AND ATTACH TO THIS PACKET

**STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN TRYOUTS OR PRACTICE UNLESS ALL OF THE ABOVE ITEMS ARE COMPLETED AND A CLEARANCE FORM IS ISSUED TO THEM MARKED "CLEARED FOR ATHLETIC PARTICIPATION."**

# 2013-2014 ATHLETIC PARTICIPATION REQUIREMENTS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Only one set of athletic forms will be required for the entire school year  
Students must check in the Health Technician's office prior to tryouts in each sport.**

**\*Please answer the question at the bottom of this page before continuing**

***\*\*\*Please do not write in the following section\*\*\****

<b><u>Sport</u></b>	Date	Method of Payment	Physical Clearance	Academic Clearance	Probationary Qtr. Waiver	Transfer Eligib.
Cross Country B G						
Football						
Tennis B G						
Soccer B G						
Volleyball						
Wrestling						
Basketball B G						
Badminton						
Baseball						
Golf B G						
Softball						
Swimming B G						
Track B G						

**\*\*Have you attended any High School other than Analy in the past 12 months? Yes or No (circle one) if yes, you must see your Athletic Director for clearance.**

## NOTICE OF ATHLETIC TRANSFER RULES

Transferring from one school to another school may affect a student's athletic eligibility under NCS or CIF rules. It is your responsibility to see the school principal for a copy of the eligibility rules. Students who transfer as a result of disciplinary action are subject to the conditions of Bylaw 210 and may be ineligible for one calendar year from enrollment in your new school. Go to [www.cifnca.org](http://www.cifnca.org) for further information. Click on "Eligibility Bylaw Forms", then click on "Parent Handbook I – Transfer Eligibility."

### Summary of general C.I.F., N.C.S., S.C.L., and A.H.S. Regulations

#### **I. Scholastic Eligibility**

1. Each 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> grade student who earned less than **25 units** of work during the preceding semester, or had a GPA of less than 2.00 during the previous grading period shall be ineligible.
2. Each 12<sup>th</sup> grade student, who earned less than **20 units** of work or had a GPA of less than 2.00 during the previous grading period, shall be ineligible.
3. Academically ineligible students in grades 10-12 may use a one-time probationary quarter waiver which would make the student eligible until the next grading period. Probationary quarter forms may only be used for the 2.00 standard NOT FOR THE 25/20 UNIT REQUIREMENTS. Forms are available from the Athletic Director.
4. Summer school grades or units may be added to spring units to meet either the 25/20-unit requirement or the overall 2.00 GPA. (See Administrative Regulations)

#### **II. Citizenship and Behavior**

1. Any student placed on a probationary discipline contract is ineligible to participate in any extra-curricular activity.
2. Any violation of specific team/activity rules will be dealt with by the coach/advisor.
3. Any violation of school rules, or violation of civil or penal codes, may be dealt with by school officials. If a student violates any of the above rules, the following punishments will normally be instituted and s/he may be removed from participation in accordance with the guidelines below:
  - A. If the violation occurs on campus or at a school-sponsored or related event (at any time), the individual will be under the jurisdiction of the school authority with penalties in accordance with the school-board policy.
  - B. Conduct unbecoming a student-athlete and/or behavior, which reflects negatively on the school and/or the activity/sport at any time, whether on or off campus, can result in removal from that activity/sport or prevention from future participation in the program for up to 45 days. Determination will be made by the school administration in consultation with coaches and the Athletic Director. (Prior to the decision, the parents and participant will be provided an opportunity to present their position.)

#### **III. Recreation and/or Outside Teams**

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. Example: Girls' Softball and Bobby Sox, Church Team, Baseball and Little League etc. (Fall soccer is excluded from this rule)

#### **IV. Transportation**

1. California Education Code 35330 absolves schools from liability for student injury when students are participating in trips or excursions not required as part of the regular school instructional program. (California Education Code 35330, "All persons taking the field trip or excursion shall be deemed to have waived all claims against the district or the state of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.")

2. All students must use the school's transportation to and from all activities when provided. Exceptions to this rule must be cleared in writing through the school administration prior to the event or the activity. Coaches may permit the participant to ride home with his/her parent or guardian.

3. Although the coach is responsible for the conduct of the group while on trips, the driver of the vehicle is the paramount authority on a school bus and all students must respect that authority.

4. With the recommendation of the Head Coach and approval of the Principal or designee, an athletic team may meet at a contest, practice session or other team event rather than travel in transportation arranged by the school. The "meet at the event" transportation option shall only be utilized for contests, practice sessions or other team events within a 40-mile driving distance of the school.

When an athletic team uses the "meet at the event" transportation option, the parent or guardian of the student participating with the team shall assume all resulting liability, and neither the West Sonoma County Union High School District nor any school in the District shall assume any liability resulting from that transportation.

The following shall apply when an athletic team uses the "meet at the event" transportation option:

- (1) Team members and their parents or guardians must arrange and provide their own "meet at the event" transportation to and from the event.
- (2) Coaches and school staff shall have no role in arranging "meet at the event" transportation, including ride shares, car pools, etc.
- (3) School phones, email or other communication systems shall not be used to arrange "meet at the event" transportation.
- (4) Coaches and school staff shall not transport students in their vehicles when using the "meet at the event" transportation option.
- (5) Drivers and passengers are expected to obey all driving laws and practice safe driving habits at all times while providing "meet at the event" transportation for students.

#### **V. Outstanding Bills**

Student-Athletes are financially responsible for all textbooks, equipment, or uniforms issued by the school. Student-athletes must pay all bills for lost or stolen materials prior to participation in any sport.

#### **VI. Awards/Student Body Cards**

Student-athletes must complete the entire season, abide by minimum team participation standards, and purchase a STUDENT BODY CARD to receive an Analy High School block or award.

#### **VII. Activity Attendance Policy**

On the day of or the Friday preceding a Saturday athletic contest or practice, student-athletes must be present for the majority of their scheduled school hours. Exceptions may be made if the student is specifically cleared IN ADVANCE OF THE ABSENCE by the Principal, VP or Director of Athletics.

**VIII. Steroids**

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing this form, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Analy High School/WSCUHS District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

**This verifies that the undersigned have carefully read and understand the rules stated above and agree to abide with the spirit of this agreement as stated or implied. My child has permission to travel on transportation arranged by the school, including a bus or district-approved driver. I understand that parents or guardians are responsible for providing transportation when the team if the “meet at the event” transportation option.**

_____	_____
<b>Parent / Guardian Signature</b>	<b>Date</b>
_____	_____
<b>Student Signature</b>	<b>Date</b>

**VERIFICATION OF INSURANCE FOR ATHLETIC PARTICIPATION**

By signing below, I/We certify that the named student is covered by insurance and give authorization to the student to participate in athletics at Analy High School. I/We have either purchased the extra insurance for football coverage offered through the school, or I am satisfied with the coverage that my insurance provides.

**INSURANCE CARRIER** \_\_\_\_\_

**POLICY #** \_\_\_\_\_

_____	_____
<b>Parent/guardian signature</b>	<b>Date</b>

# Preparticipation Physical Evaluation

HISTORY

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal physician \_\_\_\_\_  
***In case of emergency, contact***  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you had a medical illness or Injury since your last check up or sports physical?<br>Do you have an ongoing or chronic illness?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?<br>Have you ever had surgery?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?<br>Have you ever had a rash or hives develop during or after exercise?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden death before age 50?<br>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head Injury or concussion?<br>Have you ever been knocked out, become unconscious, or lost your memory?<br>Have you ever had a seizure?<br>Do you have frequent or severe headaches?<br>Have you ever had numbness or tingling in your arms, hands, legs, or feet?<br>Have you ever had a stinger, burner, or pinched nerve?                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?<br>Do you have asthma?<br>Do you have seasonal allergies that require medical treatment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                      | No                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had any problems with your eyes or vision?<br>Do you wear glasses, contacts, or protective eyewear?                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had a sprain, strain, or swelling after injury?<br>Have you broken or fractured any bones or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?<br><i>If yes, check appropriate box and explain below</i>                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip<br><input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh<br><input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee<br><input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf<br><input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle<br><input type="checkbox"/> Upper arm <input type="checkbox"/> Foot |                          |                          |
| 13. Do you want to weigh more or less than you do now?<br>Do you lose weight regularly to meet weight requirements for your sport?                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you feel stressed out?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Record the dates of your most recent immunizations (shots) for:<br>Tetanus _____ Measles _____<br>Hepatitis B _____ Chickenpox _____                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |

FEMALES ONLY (Optional)

16. When was your first menstrual period? \_\_\_\_\_  
 When was your most recent menstrual period? \_\_\_\_\_  
 How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 How many periods have you had in the last year\*? \_\_\_\_\_  
 What was the longest time between periods in the last year? \_\_\_\_\_  
 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 \_\_\_\_\_

© 1997 American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

# Preparticipation Physical Evaluation

## PHYSICAL EXAMINATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip (thigh)			
Knee			
Leg/ankle			
Foot			

\*Station-based examination only

## CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_, MD, Do, PAC, RNP, or DC

# ANALY HIGH SCHOOL ATHLETICS

## Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



# ANALY HIGH SCHOOL ATHLETICS

## Concussion Information Sheet

### **What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

---

Student-athlete Name Printed

---

Student-athlete Signature

---

Date

---

Parent or Legal Guardian Printed

---

Parent or Legal Guardian Signature

---

Date

**ATHLETE/COACH  
EJECTION POLICY NOTIFICATION**

The following rules and minimum penalties are applicable to players and coach as adopted by the NSC Board of Managers on April 21, 1995 in accordance with national federation rules. This policy will include will include non-league invitational tournaments, post-season, league, section or state playoff, etc.

1. Ejection of a player from a contest for unsportmanlike dangerous conduct.  
**Penalty:** the player shall be ineligible for the next contest (non-league, league, invitational/tournament/event post-season (league, section or state) playoff, etc.
2. Illegal participation in the next contest by a player ejected in a previous contest.  
**Penalty:** the contest shall be forfeited and the ineligible player shall ineligible for the next contest.
3. Second ejection of a player for unsportmanlike or dangerous conduct from a contest during one season.  
**Penalty:** the player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench (or dugout, etc.) to participate in an altercation.  
**Penalty:** the player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitation tournament, post-season (league, section or state) playoff, etc.

Coaches are responsible for determining the cause of ejection for any of their players and are responsible for enforcement of the Ejection Policy. Confusion over the cause for a player's ejection shall not be the basis for allowing a student who has been ejected under an applicable rule to avoid the sanctions required by the Ejection Policy.

**I have read and understand the rules and regulations of the ejection policy. Athletes may not participate in any contest until this document is filed with the school.**

\_\_\_\_\_

**Student Athlete's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent's Signature**

\_\_\_\_\_

**Date**

**ATHLETIC PARTICIPATION WARNING TO STUDENTS AND PARENTS**

**By its very nature, competitive athletics may put students in situations where serious catastrophic and perhaps, fatal accidents may occur.**

Many forms of athletic competition result in violent physical contact among players, which may result in accidents, strenuous physical exertion, and numerous other exposures to injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks, or they chose not to participate. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By signing this form and granting permission for your student to participate in athletic competition, you the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risks exist.

If any of the foregoing is not completely understood, please contact Analy High School for further information.

---

This verifies that the undersigned have carefully read and understand the above warning to students and parents.

\_\_\_\_\_

**Parent/Guardian signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Student signature**

\_\_\_\_\_

**Date**

**ANALY HIGH SCHOOL  
ATHLETIC PARTICIPATION EMERGENCY INSTRUCTIONS**

Student Name \_\_\_\_\_  
*last name* *first name* *Date of Birth*

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

In case of illness or accident to the student named above; the school is authorized to proceed as indicated below. Number each item 1, 2, 3, 4 in order of desired action.

\_\_\_\_\_ Contact Mother \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

Email: \_\_\_\_\_

\_\_\_\_\_ Contact Father \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

Email: \_\_\_\_\_

\_\_\_\_\_ Contact Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

\_\_\_\_\_ Contact Relative \_\_\_\_\_ Phone \_\_\_\_\_  
or Neighbor (Name)

I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems it necessary. I will accept the judgment of the person in charge. This permit is effective until a written notice of cancellation is given by me.

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

\_\_\_\_\_  
Date

**Please list any significant health problems that might be important to a physician evaluating your child in case of an emergency.**

\_\_\_\_\_

---

**ANALY HIGH SCHOOL  
ATHLETIC PARTICIPATION EMERGENCY INSTRUCTIONS**

Student Name \_\_\_\_\_  
*last name* *first name* *Date of Birth*

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

In case of illness or accident to the student named above; the school is authorized to proceed as indicated below. Number each item 1, 2, 3, 4 in order of desired action.

\_\_\_\_\_ Contact Mother \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

Email: \_\_\_\_\_

\_\_\_\_\_ Contact Father \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

Email: \_\_\_\_\_

\_\_\_\_\_ Contact Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

\_\_\_\_\_ Contact Relative \_\_\_\_\_ Phone \_\_\_\_\_  
or Neighbor (Name)

I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems it necessary. I will accept the judgment of the person in charge. This permit is effective until a written notice of cancellation is given by me.

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

\_\_\_\_\_  
Date

**Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.**

\_\_\_\_\_