



Arcadia Unified School District

# ARCADIA HIGH SCHOOL

180 Campus Drive, Arcadia, CA 91007  
(626) 821-1733 FAX (626) 445-8564

Dear Parents

As a parent of an Arcadia High School athlete, we value your participation in our sports program. We have always felt that our parents are stakeholders in the extra-curricular programs that are offered our students at Arcadia High School and you work very hard to maintain their level of excellence through fundraising, volunteering, etc.

With that involvement comes expectations with respect to following the principles of the CIF's Victory with Honor Program that the athletic department of Arcadia High School strongly adheres to. Over the past few years, we developed a Coaches Code of Ethics and an Athlete's Code of Ethics. In the future we will ask our athlete's parents to abide by the same principles that form this Code of Ethics.

Our goal is to have the best possible athletic and sportsmanship reputation with our opponents and officials. We want anyone who witnesses an athletic contest involving any of our teams to leave saying that not only was that school strongly competitive but the players, coaches, and parents were among the best behaved and respectful of any team we have played against. Win or Lose- our athletic reputation is very important to the overall image of our high school. And often actions in the stands or on the fields make or break that reputation.

We do recognize there will be times when concerns need to be addressed by parents to the athletic department. We expect that to be done in the proper time and place and for you to follow the athletic complaint procedure. While you may not always get what you are asking for, one thing is for certain- you will be listened to at the appropriate level.

The last thing we want to have to do is ask a parent to not attend our athletic contests. We are confident that by abiding by these principles, the experience of both you and your student athlete will be positive and rewarding on whatever team they are involved with.

In order for your student to be cleared to participate in athletics at Arcadia High School, the attached "Parent Code of Ethics" must be signed by the parent (s) or guardians and returned with the other papers to the Athletic office. We look forward to seeing you at the athletic contests and thank you for supporting this vision. If you have any questions, please call the Athletics Office at 626-821-1733.

Sincerely,

*S Q U*

Principal

*Ryan Press*

Athletics Director

[rpress@ausd.net](mailto:rpress@ausd.net)



# **ARCADIA HIGH SCHOOL** **ATHLETIC CLEARANCE CHECKLIST**

- *Complete this CHECKLIST and the attached forms.*
- *Submit COMPLETED Checklist and Forms to Athletics Office during Apache Days*
- *Transportation Costs can be paid at the ASB Office*

Student Last Name	Student First Name	Student E-mail	Class of	ID #:
Parent (1) Last Name	Parent (1) First Name	Parent (1)E-mail	Parent (1) Phone #	
Parent (2) Last Name	Parent (2) First Name	Parent (2)E-mail	Parent (2) Phone #	
Street Address	City		State	Zip

### **ACTIVITY – PLEASE CHECK ALL THAT APPLY**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Baseball               | <input type="checkbox"/> Football        | <input type="checkbox"/> Softball        | <input type="checkbox"/> Volleyball – Girls’ |
| <input type="checkbox"/> Basketball – Girls’    | <input type="checkbox"/> Golf – Girls’   | <input type="checkbox"/> Swimming        | <input type="checkbox"/> Volleyball – Boys’  |
| <input type="checkbox"/> Basketball – Boys’     | <input type="checkbox"/> Golf – Boys’    | <input type="checkbox"/> Tennis – Girls’ | <input type="checkbox"/> Water Polo – Girls’ |
| <input type="checkbox"/> Cross Country – Girls’ | <input type="checkbox"/> Soccer – Girls’ | <input type="checkbox"/> Tennis – Boys’  | <input type="checkbox"/> Water Polo – Boys’  |
| <input type="checkbox"/> Cross Country – Boys’  | <input type="checkbox"/> Soccer – Boys’  | <input type="checkbox"/> Track           | <input type="checkbox"/> PEP Squad           |

### **Athletic Clearance Forms**

- Athletic Booster Membership Form (Form A)***
- Eligibility Clearance Form (Form 1)***
- Emergency Contact Form (Form 2)***
- Student Code of Ethics (Form 3)***
- Parent Code of Ethics (Form 4)***
- Voluntary Participation Waiver (Form 5)***
- 6<sup>th</sup> Period Athletics Waiver (Form 6)***
- Transportation Receipt from ASB Office***



# ARCADIA HIGH SCHOOL

## ATHLETIC BOOSTER CLUB

100 percent of your membership fee will go directly to your team(s)!

### HOW TO JOIN!

**1. Complete this form (you must do so for your team(s) to receive credit for your membership)**

Student Last Name	Student First Name	Student E-mail	Class of	ID #:
Parent (1) Last Name	Parent (1) First Name	Parent (1) E-mail	Parent (1) Phone #	
Parent (2) Last Name	Parent (2) First Name	Parent (2) E-mail	Parent (2) Phone #	
Street Address		City	State	Zip

Please indicate your preferred level of membership:

- Presidents Membership (\$500 donation):**  
Includes VIP parking behind the AHS home bleachers for all football games; two annual passes (admits 4) to all home games for all sports; dinner for two and sponsorship mention at the annual fundraiser (CIF playoffs not included).
- Cardinal & Gold Membership (\$250 donation):**  
Includes Century Membership benefits plus sponsorship mention at annual fundraiser.
- Century Membership (\$100 donation):**  
Includes preferred parking on the south side basketball courts for all home football games; one annual pass (admits 2) to all home games for all sports (CIF playoffs not included).
- Supporter Membership (\$50 donation):**

Please indicate the team(s) you would like your membership to support:

ALL AHS TEAMS (Your donation will be split equally)

**Fall Sports**

- Girls Golf
- Girls Tennis
- Girls Cross Country
- Girls Volleyball
- Boys Cross Country
- Boys Water Polo
- Football

**Winter Sports**

- Girls Soccer
- Girls Water Polo
- Girls Basketball
- Boys Soccer
- Boys Basketball

**Spring Sports**

- Softball
- Girls/Boys Track
- Girls/Boys Swimming
- Boys Tennis
- Boys Volleyball
- Boys Golf
- Baseball

**2. Payment & Submission Options:**

**APACHE DAYS ~ PAYMENT**

1) Cash or Check payable to "AHS" submitted at the ASB Office & submit this form to the Athletic Booster Table during Apache Days.

**PAYMENT OPTIONS AFTER APACHE DAYS: Mail to: AHS Athletic Boosters, PO Box 660241, Arcadia, CA 91066**

- 1) Mail this form with check payable to "AHS Athletic Boosters" to the PO Box listed above.
- 2) Make payment by credit card directly to the "AHS Athletic Boosters".  
Complete this form and credit card information below, sign and mail to the PO Box listed above.

Visa  MC

Thank you for your support!



# ARCADIA HIGH SCHOOL ELIGIBILITY CLEARANCE FORM

Student Last Name	Student First Name	Student E-mail	Class of	ID #:
Parent (1) Last Name	Parent (1) First Name	Parent (1)E-mail	Parent (1) Phone #	
Parent (2) Last Name	Parent (2) First Name	Parent (2)E-mail	Parent (2) Phone #	
Street Address		City	State	Zip

### ACTIVITY – PLEASE CHECK ALL THAT APPLY

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Baseball               | <input type="checkbox"/> Football        | <input type="checkbox"/> Softball        | <input type="checkbox"/> Volleyball – Girls’ |
| <input type="checkbox"/> Basketball – Girls’    | <input type="checkbox"/> Golf – Girls’   | <input type="checkbox"/> Swimming        | <input type="checkbox"/> Volleyball – Boys’  |
| <input type="checkbox"/> Basketball – Boys’     | <input type="checkbox"/> Golf – Boys’    | <input type="checkbox"/> Tennis – Girls’ | <input type="checkbox"/> Water Polo – Girls’ |
| <input type="checkbox"/> Cross Country – Girls’ | <input type="checkbox"/> Soccer – Girls’ | <input type="checkbox"/> Tennis – Boys’  | <input type="checkbox"/> Water Polo – Boys’  |
| <input type="checkbox"/> Cross Country – Boys’  | <input type="checkbox"/> Soccer – Boys’  | <input type="checkbox"/> Track           | <input type="checkbox"/> PEP Squad           |

#### STUDENT STATEMENT:

I do not have any physical condition or illness that in any way prevents me from participating in the activity(ies) listed above.

#### PARENT STATEMENTS:

I understand that my son/daughter must meet the “C average” and “citizenship” grade requirement as adopted by the Board of Education to participate in extracurricular activities.

I have no knowledge of any health condition or illness that prevents my child from engaging in the activity(ies) described herein. I hereby give my consent for my child to participate in these activities. I authorize my child to go with and be supervised by a representative of the school on trips to and from activity-related events/competitions. I also authorize the school district to provide medical examination and treatment to my child as may be necessary in its judgment and discretion.

My son/daughter has insurance which provides minimum coverage of \$1500 accidental death and \$1500 for medical and hospital expenses resulting from accidental injury while preparing for, engaged in, or being transported to or from an event sponsored by the school as required by State Law. (Insurance applications available at school.)

I would like to be contacted by the Arcadia High School’s Athletic Boosters regarding fundraising information to support my child’s team(s).

*x*

Student Signature

Date

*x*

Parent (1 or 2) Signature

Date

*Required for ALL Students regardless of age*

### ***To Be Completed by Medical Doctor:***

Physician Last Name	Physician First Name	Physician Phone #	Physician State License #
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#### PHYSICIAN STATEMENT:

I hereby certify that I have personally examined the above-named student and find him/her to be physically fit to engage in the sport(s) listed above without restriction or limitation. I know of no physical condition or illness that prevents the student from engaging in the sport(s) listed above

*x*

Physician Signature

Date



**ARCADIA HIGH SCHOOL**  
**EMERGENCY CONTACT FORM**

<input type="text"/> Student Last Name	<input type="text"/> Student First Name	<input type="text"/> Student E-mail	<input type="text"/> Class of    ID #:
<input type="text"/> Parent (1) Last Name	<input type="text"/> Parent (1) First Name	<input type="text"/> Parent (1)E-mail	<input type="text"/> Parent (1) Phone #
<input type="text"/> Parent (2) Last Name	<input type="text"/> Parent (2) First Name	<input type="text"/> Parent (2)E-mail	<input type="text"/> Parent (2) Phone #
<input type="text"/> Street Address		<input type="text"/> City	<input type="text"/> State    Zip
<input type="text"/> Emergency Contact Last Name	<input type="text"/> Emergency Contact First Name	<input type="text"/> Emergency Contact Phone # (1)	<input type="text"/> Emergency Phone # (2)
<input type="text"/> Physician Last Name	<input type="text"/> Physician First Name	<input type="text"/> Physician Phone #	<input type="text"/> Physician License #
<input type="text"/> Insurance Company	<input type="text"/> Insurance Certificate/Group #'s		<input type="text"/> Insurance Phone #

Known Allergies/Medical Conditions:	<b>IMPORTANT: Please Note!</b> <i>No insurance is provided for these activities by Arcadia Unified School District, Arcadia High School, or AHS Associated Student Body.</i>
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**ACTIVITY – PLEASE CHECK ALL THAT APPLY**

<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball – Girls’
<input type="checkbox"/> Basketball – Girls’	<input type="checkbox"/> Golf – Girls’	<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball – Boys’
<input type="checkbox"/> Basketball – Boys’	<input type="checkbox"/> Golf – Boys’	<input type="checkbox"/> Tennis – Girls’	<input type="checkbox"/> Water Polo – Girls’
<input type="checkbox"/> Cross Country – Girls’	<input type="checkbox"/> Soccer – Girls’	<input type="checkbox"/> Tennis – Boys’	<input type="checkbox"/> Water Polo – Boys’
<input type="checkbox"/> Cross Country – Boys’	<input type="checkbox"/> Soccer – Boys’	<input type="checkbox"/> Track	<input type="checkbox"/> PEP Squad

- Parent signature on this form is the school official’s authorization to call any reference listed in case of emergency; and also authorizes your son/daughter to be transported to an event and return to school in order to participate in a school program or activity by either school or commercial bus. Special circumstances may require transportation by private automobile driven by teachers or parents.
- We, the undersigned, parent(s)/guardian(s) of the above named student, a minor, do hereby consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the above name physician, M.D., at the number listed above or the Emergency Room Physician, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physician(s) to exercise his/her best judgment as to requirements of such diagnosis or treatment.
- This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.
- This consent shall remain effective until revoked in writing until child’s 18<sup>th</sup> birthday or until the end of the current school year

*x*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*x*

\_\_\_\_\_  
Parent (1 or 2) Signature

*Required for ALL Students regardless of age*

\_\_\_\_\_  
Date



# ARCADIA HIGH SCHOOL EMERGENCY CONTACT FORM

Student Last Name	Student First Name	Student E-mail	Class of ID #:
Parent (1) Last Name	Parent (1) First Name	Parent (1)E-mail	Parent (1) Phone #
Parent (2) Last Name	Parent (2) First Name	Parent (2)E-mail	Parent (2) Phone #
Street Address		City	State Zip
Emergency Contact Last Name	Emergency Contact First Name	Emergency Contact Phone # (1)	Emergency Phone # (2)
Physician Last Name	Physician First Name	Physician Phone #	Physician License #
Insurance Company	Insurance Certificate/Group #'s		Insurance Phone #

Known Allergies/Medical Conditions:	<b>IMPORTANT: Please Note!</b>
	<i>No insurance is provided for these activities by Arcadia Unified School District, Arcadia High School, or AHS Associated Student Body.</i>

<b><u>ACTIVITY – PLEASE CHECK ALL THAT APPLY</u></b>			
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball – Girls’
<input type="checkbox"/> Basketball – Girls’	<input type="checkbox"/> Golf – Girls’	<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball – Boys’
<input type="checkbox"/> Basketball – Boys’	<input type="checkbox"/> Golf – Boys’	<input type="checkbox"/> Tennis – Girls’	<input type="checkbox"/> Water Polo – Girls’
<input type="checkbox"/> Cross Country – Girls’	<input type="checkbox"/> Soccer – Girls’	<input type="checkbox"/> Tennis – Boys’	<input type="checkbox"/> Water Polo – Boys’
<input type="checkbox"/> Cross Country – Boys’	<input type="checkbox"/> Soccer – Boys’	<input type="checkbox"/> Track	<input type="checkbox"/> PEP Squad

- Parent signature on this form is the school official’s authorization to call any reference listed in case of emergency; and also authorizes your son/daughter to be transported to an event and return to school in order to participate in a school program or activity by either school or commercial bus. Special circumstances may require transportation by private automobile driven by teachers or parents.
- We, the undersigned, parent(s)/guardian(s) of the above named student, a minor, do hereby consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the above name physician, M.D., at the number listed above or the Emergency Room Physician, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physician(s) to exercise his/her best judgment as to requirements of such diagnosis or treatment.
- This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.
- This consent shall remain effective until revoked in writing until child’s 18<sup>th</sup> birthday or until the end of the current school year

	Date		Date
Student Signature		Parent (1 or 2) Signature <i>Required for ALL Students regardless of age</i>	



# ARCADIA HIGH SCHOOL STUDENT CODE OF ETHICS

### Code of Ethics for Participation in Co-Curricular and Extra-Curricular Programs

Activities are an integral part of the school's total educational program. All school activities, co-curricular and extra-curricular, in the classroom and on the playing field, must be congruent with Arcadia High School's goals and objectives which are established for the intellectual, physical, social and moral development of our students. It is within this context that the following code of ethics is presented.

As a representative of Arcadia High School, I understand that it is my responsibility to:

- ◇ Place academic achievement as the highest priority
- ◇ Show respect for teammates, opponents, officials, and advisors/coaches
- ◇ Respect the integrity and judgment of officials or judges.
- ◇ Exhibit fair play, sportsmanship and proper conduct on and off the playing field, in the classroom, or other locations as determined by the competition or program.
- ◇ Maintain a high level of safety awareness.
- ◇ Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
- ◇ Adhere to the established rules and standards of the game, competition, or contest to be played or participated in.
- ◇ Respect all equipment and use it safely and appropriately.
- ◇ Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association. (Attachment must be signed).
- ◇ Know and follow all State, C.I.F. section (athletics), and school rules and regulations pertaining to extra-curricular or co-curricular eligibility and participation.
- ◇ Win with character, lose with dignity.

### Code of Ethics-Substance Abuse Policy

I will not use, sell, and be in possession in any amount or under the influence of:

- alcohol (.01 or more)
- an illegal or look alike substance as listed in Chapter 2 of Division 10 of the health and safety code
- a controlled substance without a prescription during the regular school day or at any school related activity
- any form of tobacco

I will be immediately removed from any form of participation pertaining to the organization(s) represented by the code of conduct. Reinstatement will only occur upon my completion of the terms and conditions of the 1<sup>st</sup> offense.

I understand that school rules pertaining to other disciplinary action will also apply and that as a student representing Arcadia High School in a co-curricular or extra-curricular program, I accept the responsibility of being held accountable to the highest standards of behavior and conduct related to substance abuse.

**1<sup>st</sup> offense-** during the student's entire enrollment at Arcadia High School

- a. Write a 3 page paper outlining the reasons and facts of the violation in an honest and forthright manner. How the consequences to this action will affect myself, my family and my advisor/ teammates, and how I hope to grow emotionally from this experience.
- b. attend an intervention program related to the offense
- c. Complete school or community service in the amount of 6 hours.
- d. Attend a mandatory summary conference with my parents, coach or advisor and the Assistant Principal of Athletics/Activities.

**2<sup>nd</sup> offense-** during the student's entire enrollment at Arcadia High School, will result in **removal** from the team/organization for the remainder of the season. The student would be eligible to rejoin the team/organization at the start of the next season. In the case of an organization with no distinct seasons or if infraction occurs in between seasons, the ineligible period would be one calendar year from the date of the offense.

**3<sup>rd</sup> offense-** will result in **permanent removal** from the extra-curricular program(s) for the duration of the student's enrollment at Arcadia High School.

### Anabolic Steroids and Performance Enhancing Drugs Supplements BP 5131.63 (b)

The student athlete pledges not to use androgenic/anabolic steroids and dietary supplements banned by the U.S. Anti-Doping Agency and the substance synephrine, unless the student has a written prescription from a licensed health care practitioner to treat a medical condition. A student who is found to have violated the agreement of this policy shall be restricted from participating in athletics and shall be subject to disciplinary procedures including, but not limited to, suspension or expulsion in accordance with law, Board policy, and administrative regulation.

### Informed Consent-Awareness of Sports Injury Risk - Warning and Agreement

- By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents occur.
- Students and parents/guardian must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.
- By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.
- Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.
- If any of the foregoing is not completely understood and you have questions, please contact the A.H.S. Athletic Director or Assistant Principal in charge of Athletics for further information.

By your signing this consent to participate you are acknowledging that you have read the above statement and understand it thoroughly. It is not a waiver of your right to pursue litigation in the event of negligence.

**I have read and understand the provisions of all the agreements and policies for Arcadia High School**

Student Last Name	Student First Name	Student E-mail	Class of	ID #:
		Date		



# ARCADIA HIGH SCHOOL PARENT CODE OF ETHICS

(Adapted from the National High School Athletic Coaches Association)

David Vannasdall  
Principal

[dvannasdall@ausd.net](mailto:dvannasdall@ausd.net)

Ryan Press  
Athletics Director

[rpress@ausd.net](mailto:rpress@ausd.net)

As administrators and coaches, we feel that parents play a vital role in the development of student athletes. Therefore, we believe in the following and expect that as a parent of an Arcadia High School athlete you will abide by the following:

- Be a positive role model through your own actions to make sure your child has the best athletic experience possible.
- Be a “team” fan, not a “my kid” fan.
- Weigh what your children say; they will tend to slant the truth to their advantage.
- Show respect for the opposing players, coaches, spectators and support groups.
- Be respectful of all official’s decisions.
- Don’t instruct your children before, during or after a game or practice, because it may conflict with the coach’s plans and strategies.
- Praise student-athletes in their attempt to improve themselves as students, as athletes and as people.
- Gain an understanding and appreciation for the rules of the contest.
- Recognize and show appreciation for an outstanding play by either team.
- Help your child learn that success is oriented in the development of a skill, and should make a person feel good about themselves, win or lose.
- If you as a parent have a concern, take time to talk with coaches in an appropriate manner including proper time and place. Be sure to follow the designated chain of command (Arcadia High Athletic Complaint Procedure).
- Please reinforce our drug and alcohol free policies by refraining from the use of any controlled substances before and during athletic contests.
- Remember that a ticket to a school athletic event is a privilege to observe the contest.
- Booster Clubs exist to support the athletic teams. Whenever possible parents are encouraged to participate in and support fundraisers that benefit all student athletes.

*We have read and agree to abide by these principles as parents of a student athlete*

Student Last Name	Student First Name	Student E-mail	Class of	ID #:
Parent (1) Last Name	Parent (1) First Name	Parent (1)E-mail	Parent (1) Phone #	
Parent (2) Last Name	Parent (2) First Name	Parent (2)E-mail	Parent (2) Phone #	
Street Address		City	State	Zip

*x*  
\_\_\_\_\_  
Parent (1) Signature  
Required for ALL Students regardless of age

Date

*x*  
\_\_\_\_\_  
Parent (2) Signature  
Required for ALL Students regardless of age

Date





# Arcadia Unified School District

## Voluntary Activities Participation Form

### Acknowledgment and Assumption of Potential Risk

- I authorize my student athlete to participate in the District-sponsored activity listed below.
- I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
- I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.
- I understand and acknowledge that in order to participate in these activities, my student athlete and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.
- I understand, and acknowledge, and agree that the District, its employees, officers, or volunteers shall not be liable for any injury/illness suffered by my student athlete which is incident to and/or associated with preparing for and/or participating in this activity.
- I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM
- I understand and agree to the terms stipulated on this form.

Fall Sport (If Applicable)	Winter Sport (If Applicable)	Spring Sport (If Applicable)	
Student Last Name	Student First Name	Student E-mail	Class of ID #:
Parent (1) Last Name	Parent (1) First Name	Parent (1)E-mail	Parent (1) Phone #
Parent (2) Last Name	Parent (2) First Name	Parent (2)E-mail	Parent (2) Phone #
Street Address	City	State	Zip
Student Signature	Date	Parent (1 or 2) Signature	Date
		<i>Required for ALL Students regardless of age</i>	

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.



# Arcadia Unified School District

## ARCADIA HIGH SCHOOL

### 6th Period Athletics Waiver

All student athletes are enrolled in sixth period athletics while their sport is in season. Athletes on teams not coached by AHS teachers will be dismissed after fifth period every day following their season, although their schedule will still reflect enrollment in the athletics class. It is the student athlete's responsibility to get a no class permit for sixth period.

If students are going to play another sport the following season, they will be transferred into that sport's sixth period class once the roster has been submitted to the counseling office.

Teams coached by an AHS teacher will be required to report to their sixth period class throughout the school year.

- I understand that my student athlete will be dismissed after fifth period following their season if they are not coached by an on-staff AHS teacher, although his/her schedule will reflect enrollment in an athletics class.
- I understand that it is the student athlete's responsibility to get a No Class Permit for sixth period.
- I understand, and acknowledge, and agree that the District, its employees, officers, or volunteers shall not be liable for any injury/illness suffered by the student athlete occurring after fifth period outside of his/her competitive season.
- I acknowledge that I have carefully read this 6<sup>th</sup> PERIOD ATHLETICS WAIVER FORM.
- I understand and agree to the terms stipulated on this form.

Student Last Name	Student First Name	Student E-mail	Class of	ID #:
Parent (1) Last Name	Parent (1) First Name	Parent (1)E-mail	Parent (1) Phone #	
Parent (2) Last Name	Parent (2) First Name	Parent (2)E-mail	Parent (2) Phone #	
Street Address		City	State	Zip
	<div style="background-color: yellow; width: 50px; height: 20px; margin: 0 auto;"></div>		<div style="background-color: yellow; width: 50px; height: 20px; margin: 0 auto;"></div>	
Student Signature	Date	Parent (1 or 2) Signature	Date	
		<i>Required for ALL Students regardless of age</i>		