Castro Valley High School Athletics
2015 FALL SPORTS
Athletic Packet Checklist

List of **Mandatory** forms to be submitted to the **FINANCE OFFICE**
prior to participation in athletics
***(DO NOT GIVE THESE FORMS TO THE COACH)*:**

- ☐ 1. Checklist
- ☐ 2. Athletic Department Locator & Clearance Form
- ☐ 3. Athletic Parent/Guardian Consent/Proof of Insurance
- ☐ 4. Sports Physical Form – **Physical must be original and signed by Physician. NO FAXES ACCEPTED. Physicals performed by a Chiropractor will not be accepted.**
- ☐ 5. Athlete/Parent Participation Information – Payment is not required at this time
- ☐ 6. Concussion Information Sheet
- ☐ 7. Athletic Transfer Screening Form – **This form is required for all students, not just transfer students**
- ☐ 8. E Script Form (encouraged, but optional)

OPTIONAL forms to return to the **Main Office**:

- ☐ Transportation Authorization Form (Attach Insurance Coverage Declaration Page)
- ☐ Volunteer Clearance Form
- ☐ Megan's Law

Handbooks and Policies to review:

- ☐ The Student Handbook For Interscholastic Athletics and Co-curricular Activities
- ☐ The Non-Use Steroid Agreement**/**The Athletic Participation Agreement
- ☐ The CVUSD Athletics/Activities Code of Conduct Agreement
- ☐ The CVHS Athletic Student and Parent/Guardian Handbook

Packet Turn in Times:

Packets are due by NOON on August 7, 2015 to be eligible for Fall 2015 Tryouts. Packets can be turned in to the FINANCE OFFICE any day **during lunch or after school** between now and June 16th. The finance office will also have summer hours on the following dates:

July 15 & 16th 10am – 2pm
July 21 & 22nd 3pm – 7pm
Aug 6th 10am – 2pm
August 7th 8am - noon

Tryout Schedule:

Football - Frosh	Mon Aug 10th – Thurs Aug 13th	5-7pm	Upper Field
Football – JV/VAR	Mon Aug 10th – Thurs Aug 13th	7-9am	Stadium
Football – JV/VAR	Mon Aug 10th & Wed Aug 12th	5-7pm	Stadium
Girls Golf	Mon Aug 17th – Thurs Aug 20th	4-6pm	Monarch Bay Golf Course
Cross Country	Mon Aug 17th – Thurs Aug 20th	4pm	Track
Girls' Volleyball	Mon Aug 17th – Thurs Aug 20th	4:30 – 6:30pm	Main Gym
Girls' Tennis	Mon Aug 17th – Thurs Aug 20th	3-5pm	Tennis Courts

19400 Santa Maria Ave, Castro Valley, California 94546 • 510-537-5910
FAX: 510-582-3924 • website: www.castrovalleyhigh.org

Updated:05/18/2015

Castro Valley High School Athletics

19400 Santa Maria Ave, Castro Valley, California 94546
510-537-5910 FAX: 510-582-3924 •

ATHLETIC DEPARTMENT LOCATOR & CLEARANCE

List the sports you intend to play: Fall _____ Winter _____ Spring _____

Year in School (*circle*) 9 10 11 12 Date of Birth _____

Last Name _____ First Name _____ **Student ID** _____

Address _____ Phone _____

Doctor's Name _____ Doctor's Phone _____

Mother's Name _____ Email: _____ Emergency Ph _____

Father's Name _____ Email: _____ Emergency Ph _____

Heath Plan Provider _____ Policy #: _____ Preferred Hosp: _____

PARENT/STUDENT CONSENT AND WAIVER OF LIABILITY

I hereby give my consent for the above named student to compete and participate in the Castro Valley Unified School District approved activity program referenced above and to travel with the school representative on authorized school trips, if applicable. I, the undersigned, hereby release and discharge the Castro Valley Unified School District, officers, employers, agents, servants and volunteers (herein collectively referred to as 'District') from all liability arising out of or in connection with the above described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that occurs during the above described activity and that results from any cause including the active or passive conduct and/or negligence of the District.

I also acknowledge on my behalf and on the behalf of the above named minor that there are risks that are inherent in the above-described activity, including the risk of serious injury that may occur through the conduct of other participants, coaches, District, including conduct that may not be part of the ordinary risks of the activity itself. For example, injury may occur through conduct that is not authorized by the rules and regulations of the activity. This release and waiver as set forth in the above paragraph shall also apply to this type of conduct and any resulting injury. I give my permission for the named doctor to take full charge of the disposition of my son/daughter in case of injury and in the event school authorities are unable to contact parent. I (we) understand that any injury must be reported in writing to the coach responsible for the activity within five (5) days.

By initialing the following line, I hereby give consent for my son/daughter's photograph to appear on the school website and in other athletic-related publications. Initial to agree to photo release _____

I have carefully read this waiver and release of liability and fully understand its terms and condition and understand that by signing this document that I have given up substantial rights for the named minor and myself.

_____ _____

Parent/Guardian Signature Date Participants Signature Date

ATHLETIC DEPARTMENT POLICIES

The following policies must be read and understood before your child may participate in Castro Valley High School's Athletic Program. They are accessible online at www.castrovallyhigh.org/athletics. (The forms are included in the Student/Parent Handbook under Athletic Department Policies.)
By initialing each line, I am declaring that I have read and understood all policies listed and agree to abide by them.

_____ CVUSD/CVHS Code of Conduct
_____WACC Ejection Policy
_____ WACC Sportsmanship Policy
_____ CIF Steroid Policy
_____Reviewed Student/Parent Handbook

We agree to abide by all regulations and expectations required by the Castro Valley Unified School District/Castro Valley High School Athletic Program and any rules set forth by individual coaches. We accept the consequences should any rule be violated.

_____ _____

Parent/Guardian Signature Date Participants Signature Date

FOR SCHOOL USE ONLY

INSURANCE:
☐ Football only
☐ Other Sports
☐ Dental
☐ Insurance Waiver

CLEARED FOR:
☐ Athletic Sport
☐ Athletic Field Trip

Physical (Date): _____

_____ _____

Administrator/Designee Approval Date

Castro Valley Unified School District

P.O. Box 2146
4400 Alma Ave.
Castro Valley, CA 94546

ATHLETIC PARENT/GUARDIAN CONSENT/PROOF OF INSURANCE

All sections of this form must be completed and turned in to the Finance Office BEFORE A STUDENT CAN BE ISSUED EQUIPMENT, PARTICIPATE IN PRACTICE, OR COMPETE IN CONTESTS. Failure to do so may result in the loss of eligibility.

Student Name _____Date_____ Student ID_____

Address _____ Telephone _____

School_____ Grade _____

1. PARENT/GUARDIAN CONSENT TO PLAY AND MEDICAL RELEASE

I hereby give my consent for the above named student to compete in sports at the above named high school and travel with a representative of the school on any trips. In case this student is injured, you are authorized to have him/her treated. (Ed. Code 35350)

_____
SIGNATURE OF PARENT/GUARDIAN Date

2. INSURANCE INFORMATION

California Ed. Code 32220 requires each member of an athletic team to have medical/accident insurance as set forth below. A Member of athletic team ≅ includes band/orchestra members, cheerleaders, team managers, or any other student participating at an athletic event and while being transported to and from an athletic event. In accordance with Education Code Section 49472, the district does make available several insurance coverage plans Student Insurance Company. The insurance provides broad coverage for 24-Hour, At-School, Tackle Football, and Extended Dental. More information regarding Student Insurance is available on the district's website at http://www.cv.k12.ca.us/parents/student-insurance

INSURANCE REQUIREMENTS

Insurance protection for 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.
c) At least $1,500 for all such medical and hospital expenses.

INSURANCE COVERAGE

____ Student Accident Insurance
- ____ 24-Hour Coverage
- ____ School Time Coverage
- ____ Tackle Football Coverage

____ Other Medical or Accident Insurance

_____ Policy #_____
NAME OF INSURANCE COMPANY

I hereby certify that the above named student is covered by insurance that meets the requirement above, and agree to maintain this insurance during the time my student is participating in interscholastic sports.

_____
SIGNATURE OF PARENT/GUARDIAN Date

SPORTS PHYSICAL PHYSICIAN OFFICE FORM

Name: _____ Date of Birth: _____ Student ID: _____

Sports: _____ School: _____ Grade: ____ Male ☐ Female ☐

EXPLAIN YES ANSWERS BELOW CIRCLE QUESTIONS YOU DO NOT UNDERSTAND

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports?	☐	☐
2. Do you have a medical condition (asthma/diabetes)?	☐	☐
CARDIAC RISK:		
1. Has any relative died of a heart condition suddenly before age 50?	☐	☐
Do you or your relatives have a history of:		
a. Heart muscle disease such as hypertrophic cardiomyopathy?	☐	☐
b. Arrhythmia, irregular rhythm, pacemaker WPW (Wolf Parkinson White), Long QT syndrome or other cardiac problem?	☐	☐
c. Marfan Syndrome?	☐	☐
3. Does your heart race or skip beats during exercise?	☐	☐
4. Have you ever had chest pain during exercise?	☐	☐
5. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
6. Do you have a history of high blood pressure?	☐	☐
7. History of a heart murmur (other than innocent murmur) or other heart problem?	☐	☐
8. History of unexplained dizziness with exercise?	☐	☐
9. Have you ever had an ECG or Echocardiogram test for your heart?	☐	☐
10. History of congenital heart disease?	☐	☐
11. History of Carditis or Kawasaki disease?	☐	☐
RESPIRATORY RISK:		
1. History of cough, wheezing, or difficulty breathing during or after exercise?	☐	☐
2. Have you ever used an inhaler or taken asthma medication?	☐	☐
3. Do you have a history of severe allergies to pollens, stinging insects, foods, or grasses?	☐	☐
4. Have you ever been told by a doctor that you have asthma?	☐	☐
5. History of fractured ribs in the last 6 weeks?	☐	☐
NEUROLOGICAL RISK:		
1. History of head or neck injury, or concussion?	☐	☐
2. Have you ever had amnesia or memory loss after a head injury?	☐	☐
3. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or or falling?	☐	☐
4. History of seizures?	☐	☐
5. History of headaches with exercise?	☐	☐
6. Do you have a history of any problems with your eyes or vision?	☐	☐
7. Do you wear glasses or contact lenses?	☐	☐
8. History of neck instability (i.e. Atlantoaxial Instability)	☐	☐

INFECTION RISK:	Yes	No
1. Do you have a history of recurrent or persistent rashes, pressure sores, herpes, or other skin infections?	☐	☐
2. Have you ever been diagnosed or treated for a MRSA infection?	☐	☐
3. History of Mono (EBV) in the last 4 weeks?	☐	☐
4. History of recurrent unexplained fevers, or chronic coughing?	☐	☐
5. Do you or any members of your household have a history of tuberculosis or positive PPD?	☐	☐
6. History of Hepatitis?	☐	☐
7. History of HIV?	☐	☐
ORTHOPEDIC RISK:		
1. Have you ever broken any bones?	☐	☐
2. History of neck or back injury?	☐	☐
3. History of chronic back or neck pain?	☐	☐
4. History of ankle, knee, hip injury?	☐	☐
5. History of wrist, elbow, shoulder injury?	☐	☐
6. Do you have any artificial limbs or prosthetic devices (false teeth)?	☐	☐
OTHER PERTINENT QUESTIONS:		
1. Are you taking any prescription or nonprescription (over the counter) medicines or pills?	☐	☐
2. Are you taking supplements or medications to gain or lose weight?	☐	☐
3. Are you taking medications or supplements to increase your strength or improve your sports performance?	☐	☐
4. Are you trying to gain or lose weight?	☐	☐
5. Were you born without or are you missing a kidney, eye, (if male testicle), (if female ovary) or other organ?	☐	☐
6. History of bleeding or clotting disorder?	☐	☐
7. History of severe muscle cramps or feeling severely ill when exercising in the heat?	☐	☐
8. History of surgery?	☐	☐
9. History of enlarged liver or spleen?	☐	☐
10. History of sickle cell disease/trait?	☐	☐
11. History of Hypoglycemia (low blood sugar)?	☐	☐
12. Any medical changes since your last physical?	☐	☐
FEMALES OLDER THAN 16 (OPTIONAL):		
1. Have you had no periods?	☐	☐
2. Have you gone more than 90 days without a period in the last 6 months?	☐	☐

EXPLAIN "YES" ANSWERS HERE: _____

_____

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

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

SPORTS PHYSICAL SCHOOL FORM

I grant permission to release the information below to School Personnel.

Signature of Parent/Guardian: _____

NAME: _____ **Date of Birth:** _____ **Student ID:** _____

Sports: _____ **School:** _____ **Grade:** _____

Emergency Contact: _____ **Cell Phone:** _____ **Home Phone:** _____

ALLERGIES: _____ **MEDICATIONS:** _____

Date of Exam: _____ **Height:** _____ **Weight:** _____ **BMI:** _____ **Pulse:** _____ **BP:** _____/_____

HEARING: ☐ **Passed Right/Left ≤25dcbls (all frequencies)** ☐ **Failed**_____ ☐ **Not Done**

Vision: R 20/___L 20/___Both 20/___Corrected: ☐ **Y** ☐ **N**

U/A: ☐ **Normal** _____

REQUIRED IMMUNIZATIONS: Measles, Mumps, Rubella, Hepatitis B, Polio, Tetanus, Pertussis, and Varicella/illness.

☐ **Up to date (See Attached Vaccine Documentation)**

☐ **Not up to date, Vaccines Needed:** _____

☐ **Date:** _____ **Baseline Concussion Assessment Completed (if not done, school will conduct the screening)**

MEDICAL:	NORMAL	ABNORMAL FINDINGS
General Appearance		
Head eyes/ears/nose/throat		
Neck		
Respiratory		
Heart		
Pulses		
Abdomen		
Skin		
Neuro		
Lymph Nodes		
Genitourinary (males only)		

MUSCULOSKELETAL:	NORMAL	ABNORMAL FINDINGS
Back (including scoliosis screen)		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Assessment/Plan: _____

☐ **Cleared for all sports without restrictions**

☐ **Not Cleared for:** ☐ **All sports** ☐ **Certain sports:**_____

Reason:_____

☐ **Deferred requires further evaluation (See Recommendations Below):**

☐ **Cleared with restrictions (See Recommendations Below):**

Official Office Stamp (required)

Recommendations: _____

Name of Physician (print):_____ **Address:** _____ **Phone:** _____

Signature of Physician:_____**, M.D., D.O., or N.P. Date:**_____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine. Rev. March 2012

CVHS Athlete/Parent Participation Information for 2015 -2016

You are receiving this Athlete/Parent Participation information because your student has indicated an interest in participating in the interscholastic athletic program at Castro Valley High School. We hope that your student's experiences will be positive as well as educational. Participation in athletics gives students the opportunity to learn leadership skills, foster self-confidence, self-discipline, organizational skills, decision-making skills, and goal setting. We believe a comprehensive athletic program is vital for the educational development of our students.

Castro Valley High School is committed to providing a complete athletic program and we can only do so through community donations and fundraising. Since there is **no** District funding for athletics, your support is critical to reach our goal of $320,000 annually. In an effort to provide the wide variety of programs, we are including information about our 2014 - 2015 contribution campaign.

As a part of the contribution campaign effort, we are partnering with our Athletic Boosters and other organizations so that we can offer events and activities that will raise money for our program. From time to time, we will reach out to the community with information about opportunities to get involved and donate through phone calls, mailers, and flyers.

In order to provide our comprehensive athletic program, we have estimated the program costs per athlete per sport as follows:

Fall Sports:

Spirit Squad	Football	Volleyball	Cross Country	Girls Golf	Girls Tennis
$300	**$350**	**$275**	**$225**	**$325**	**$225**

Winter Sports:

Girls Basketball	Boys Basketball	Girls Soccer	Boys Soccer	Girls Wrestling	Boys Wrestling
$**325**	**$325**	**$275**	**$275**	**$325**	**$325**

Spring Sports:

Swimming	Baseball	Boys Golf	Badminton	Boys Tennis	Boys Volleyball	Softball	Track
$275	**$325**	**$325**	**$225**	**$225**	**$275**	**$325**	**$225**

As we kick off our annual contribution campaign with the goal of providing your athlete with the opportunity to participate in interscholastic athletic programs at Castro Valley High School, please review and consider one of the options below to support our athletic program.

Option A Contribute amount in full (see sport contribution table above)
_____ student for _____ sport

Option B I would like to make installments towards my contribution. Please attach 1st installment to form (Contact Finance Office to set up installment plan)
_____ student for _____ sport

Option C I will fundraise to support the contribution campaign
_____ student for _____ sport

Additional Support I would like to sponsor an athlete or a sport with the following tax-deductible contribution of:
_____ amount for _____ sport

Make checks payable to CVHS (All contributions are tax-deductible)

- *Make sure you include the name of student & sport on your check*
- *Contribution payment choices:*
  - Drop off or mail to the finance office at CVHS – 19400 Santa Maria Ave, CV, CA 94546
  - Contribute online on our website: www.castrovalleyhigh.org – Student Webstore - Athletics

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Your signature below confirms that you have received this information. All information will remain confidential.

Parent Signature: _____ Print Name: _____

Parent Email address: _____Student Name: _____ ID:_____

◇ Do not share my email with Athletic Boosters

Phone # _____ Cell # _____

Castro Valley High School

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:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

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

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010 Updated: 12/15/11 nc

Castro Valley High School

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. Assembly bill 25 now is identical to the CIF bylaw 313 requiring implementation of long and well-established return to play concussion guidelines that have been recommended for several years (EC 49475).

> "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 heath 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	ID	Date

_____	_____	_____
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010 Updated: 12/15/11 nc

Castro Valley High School Athletics
2015 - 2016
Athletic Transfer Screening Form

Name: _____ID:_____
Address: _____ Phone:_____
Date of Birth: _____

School attended LAST school year_____

Have you attended any other high schools? If yes, list school name and dates attended:
_____

Sports you plan to play this school year:

Fall	Winter	Spring
☐ Cross Country	☐ Boys Basketball	☐ Badminton
☐ Football	☐ Boys Soccer	☐ Baseball
☐ Girls Golf	☐ Girls Basketball	☐ Boys Golf
☐ Girls Tennis	☐ Girls Soccer	☐ Boys Tennis
☐ Girls Volleyball	☐ Boys Wrestling	☐ Boys Volleyball
☐ Spirit Squad	☐ Girls Wrestling	☐ Softball
		☐ Swimming/Diving
		☐ Track

TRANSFER STUDENTS – ATHLETIC ELIGIBILITY

Transferring from one school to another may affect your athletic eligibility under North Coast Section and/or California Interscholastic Federation rules. It is **YOUR RESPONSIBILITY** to see your new Athletic Director for a copy of the rules. The period of ineligibility is one calendar year. Students who intend to participate in athletics **MUST SEE THEIR ATHLETIC DIRECTOR IMMEDIATELY IF**:

1. They change their residence while attending current school;
2. They plan to transfer to another school without changing their residence;
3. They are or have moved from one parent/guardian to another parent/guardian.

Failure on the part of an athlete to report his/her change of residence to the principal of the school he/she is attending may result in:

1. Forfeiture of all contests won by the team on which the ineligible student played;
2. Athletic ineligibility status for the athlete for at least one calendar year in any California senior high school even though he/she is allowed to remain in that school.

I understand that as my student changes residence, I am responsible for immediately informing the principal of the school that the student is currently attending.

_____ _____
Signature of Parent/Guardian Date Relationship to Student

19400 Santa Maria Ave, Castro Valley, California 94546 • 510-537-5910
FAX: 510-582-3924 • website: www.castrovalleyhigh.org

Updated: 05/20/15 cz

Support Castro Valley High School Athletics!

No Cost to You! How It Works. By registering for eScrip, local merchants contribute 1% to 3% of your purchases directly to support our school. It costs you nothing, and does not change the price you pay. It's the merchant's way of supporting our community!

Group ID: **137636655**
Castro Valley Athletic Boosters

Name _____
Address: _____
City: _____ Zip _____
Phone: _____ Email_____

*I accept the eScrip program and authorize the **CVHS Athletic Boosters** to receive donations and update/renew my account information unless otherwise notified*

_____ _____
Signature Date

☐ This is my first registration

☐ Adding this Organization. I have previously registered cards for the eScrip program and would like to add **CVHS Athletic Boosters** as an additional beneficiary

☐ SWITCH my registration from

_____
(other organization)

Local Supermarket Cards

Register and/or request your shopping card from the following merchant:

SAFEWAY CLUB CARD # _____

LUCKY ☐ **Yes**, Send a S.H.A.R.E.S. card New!

****CLUB CARD # IS REQUIRED. (We can't use a phone # to register) Call Safeway to get your Club Card # or to get a FREE card 1 (877) 723 - 3929**

(Name and Address Required Above)

Credit Card Registration

Purchases on your VISA, MasterCard, Amex, ATM and Discover Cards also generate contributions to our school. Or if you prefer to register your credit cards online, go to the secure eScrip site at **www.eScrip.com .**

Be sure to include our Group ID# 137636655 CVHS Athletic Boosters

Expiration Date

ATM/DEBIT CARD # _____ _____/_____

VISA # _____ _____/_____

MasterCard #_____ _____/_____

American Express #_____ _____/_____

Discover # _____ _____/_____

		eScrip Merchants contribute...	In as little as 12 months your contributions will be...	100 families
If you spend... (per month)	$250	$2.50	$30	$3,000
	$400	$5.00	$60	$6,000
	$550	$10.50	$126	$12,600
	$650	$14.00	$168	$16,800

These numbers are for illustrative purposes only. Merchant contribution percentages vary by merchant, please visit www.escrip.com for your eScrip merchant contributions in your area.