Castro Valley High School Athletics
2014 - 2015
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
☐ 5. Athlete/Parent Participation Information
☐ 6. Concussion Information Sheet
☐ 7. Athletic Transfer Screening Form
☐ 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

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

Updated:04/04/14

Castro Valley High School Athletics

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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?	☐	☐
2. 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. April 2014

CVHS Athlete/Parent Participation Information for 2014 -2015

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

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
2014 - 2015
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: 04/04/14 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

****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.