

# *Attention Santa Lucia Middle School Athletes & Parents*

## **Sports offered at Santa Lucia Middle School:**

***Girls Volleyball  
Cross Country  
Boys Basketball  
Girls Basketball***

In order for a student to tryout for a team the following packet must be completed by parent and student then returned to the front office. Please read carefully.

- Students must bring the “Athletic Physical Form” to their physician and pass a medical physical before they can tryout or practice with any team. Physicals are good for that school year.
- Please read the Santa Lucia Athletic/Activities Code.
- Please return all completed and signed forms to the front office together in one packet. All forms must be turned in prior to tryouts or practice for a team.

## **ATHLETIC INSURANCE VERIFICATION**

Self-Insured Schools of California (SISC) provides Santa Lucia Middle School athletes with accidental injury insurance that exceeds the minimum benefit requirement established by the California Education Code Section 32220-24 and 35330-31 for medical or hospital expenses resulting from accidental bodily injury while participating for interscholastic events or while being transported to and from such events.

If any other health insurance policy is held in behalf of a Santa Lucia student, SISC coverage is secondary. For students not covered by any other health insurance program, the SISC insurance will be primary.

Some students may qualify to enroll in no-cost or low-cost local, state or federally sponsored health insurance programs. Information about these programs may be obtained by calling the programs below:

1. Healthy Families Program.....(888) 747-1222
2. Medi-Cal Program.....(800) 880-5305
3. SISC Supplemental Insurance Program.....(800) 972-1727

Contact: Carolyn Meadows

Thank You,

Toby Cinque

Athletic Director

COAST UNIFIED SCHOOL DISTRICT

**VOLUNTARY ACTIVITIES PARTICIPATION FORM FOR**  
**ATHLETICS / ASB ACTIVITIES & SCHOOL SPONSORED ACTIVITIES**  
**ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

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 some of the injuries/illnesses that may result from participating in these activities include, but are not limited to, the following:

- |                              |                          |
|------------------------------|--------------------------|
| 1. Sprains/strains           | 5. Paralysis             |
| 2. Fractured bones           | 6. Loss of eyesight      |
| 3. Unconsciousness           | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death                 |

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, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers shall not be liable and I hereby waive, release, and discharge them from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction in said activities or any activity that is incidental thereto.

COAST UNIFIED SCHOOL DISTRICT  
**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

### **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 it's 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/>

# SANTA LUCIA WARRIORS

## ATHLETIC /ACTIVITIES CODE

### PURPOSE OF CODE:

To set acceptable guidelines or standards to which all students must adhere in order to participate in athletics/activities at Santa Lucia School.

### TO WHOM DOES IT APPLY:

To all participants involved in a school recognized sport and/or extra curricular activity.

### WHEN DOES THE CODE APPLY:

The code is in effect from the time it is signed by the students and parents or the first day of official practice (whichever comes first) until the conclusion of the season or activity. The season officially concludes with the awards ceremony.

Violations of the code out of season could affect the school's willingness to accept a student for participation.

### CONDUCT OF PERSONS INVOLVED IN ATHLETICS/ACTIVITIES:

Conduct is closely observed by many. It is important that behavior be exemplary in the following situations:

#### A. IN COMPETITION:

1. In the area of competition, a student refrains from using profanity and illegal tactics. There is recognition that losing is part of the competition and it is important to be gracious in defeat and modest in victory. Stay in control and practice good sportsmanship.
2. Officials are there for the purpose of insuring that everyone receives a fair deal. No one except the appointed captain should talk to the officials, and always in a tone of respect.
3. Any behavior contrary to that which has been stated is a direct reflection on the school, team, and coaches, and will not be tolerated. Violations of a minor nature may result in removal from the contest. Those of a serious nature, as determined by the coach and/or principal may result in suspension and possible exclusion from the team.

#### B. IN THE CLASSROOM:

1. In the area of academics, those involved in sports/activities should strive to maintain high academic standards. Plan time so that sufficient energy is given to insure acceptable grades.
2. **Inability to maintain acceptable standards at a grading period will result without game time, travel or practice until grades are brought up to 70%**
3. Good citizenship should be demonstrated at all times. Standards include respectful attention in classroom activities and respect for faculty and fellow students. Any student who is referred to the office for infraction of any school rule(s) will be subject to the following actions:
  - a. **1<sup>st</sup> referral: 1 game/activity suspension**
  - b. **2<sup>nd</sup> referral: 3 game/activity suspension or removal from team/activity**
  - c. **3<sup>rd</sup> referral: automatic suspension from the team/activity**

#### C. ON THE CAMPUS:

The way a student acts on campus is of great importance. Use good manners and behave in a manner which other students will respect. Recognize responsibilities and realize that behavior influences other students on campus. Work for the betterment of the school and what is right and good for fellow students.

D. **ON TRIPS:**

On trips, students directly represent our community, school, and coaches; therefore, it is expected that all concerned will behave in an acceptable manner when traveling and conduct themselves in a way, which reflects positively on themselves and the school. Flagrant violations of the code or misconduct will result in suspension from the game. Continued violations of the standards will result in further suspension and possible exclusion from the team or activity. Students will wear appropriate attire on trips. Always be neat and clean in appearance.

**GENERAL RULES AND REGULATIONS:**

A. **PHYSICAL CONDITION:**

It is important that students have respect for their bodies. It is a fact that alcohol, nicotine, and narcotics are injurious to the human body. No person involved in sports will use tobacco, use drugs or drink alcohol, either in or out of the season. **A yearly physical exam by a physician must be on file with the school and the signature of the parent or guardian approving participation is also required to be on file in the office.**

B. **SCHOOL EQUIPMENT:**

1. Students are financially responsible for all equipment checked out to them. They will not be cleared from school until equipment is returned or paid for. Students may not participate in another sport until they are cleared from the previous one.
2. Credit will be received on items turned in only if they are the ones checked out to you.
3. Treat all equipment as though it were your personal property. Do not share or abuse it.
4. Any equipment found which does not belong to you must be returned to the appropriate coach, athletic director, or advisor.

C. **ABSENT FROM SCHOOL:**

1. **Any student absent any part of the day of a game/activity for reasons of illness or injury shall not be allowed to participate that day unless cleared by a doctor.**
2. **Attendance in four classes is required to participate in games/activities.**
3. **A Saturday game/activity following a Friday school day shall be ruled the same as a Friday game/activity.**

D. **STUDENT BODY CARD:**

1. Awards are purchased from ASB card revenues. Therefore, students are encouraged to purchase a student body card before they participate in sports or activities. Your student body

supports you – you should help support them.

E. **SCHOOL SPIRIT:**

1. As a leader, think of your school and not necessarily of yourself. This means being involved even when you may not be a “star”.
2. Support the activities and sports of the school other than the one in which you participate.
3. **As a person involved in athletics/activities at Santa Lucia, set high standards for achievement and do your best to establish the type of tradition that future students will want to follow. Take pride in yourself, your team/group and your school.**

**MINIMUM REQUIREMENTS & PENALTIES FOR RULE INFRACTIONS**

A. **SCHOLARSHIP:**

1. Santa Lucia Middle School students must maintain a grade of “C” in all classes they are enrolled in during their sport/activity. Grade checks will be conducted three times each quarter.
2. If a student’s grades drop below the “C” level on two consecutive grade checks, (quarter grades are considered grade checks), they will become ineligible to continue participation in their sport /activity for a **minimum of ten school days.** **The student will not be allowed to practice, play in games, travel with the team or participate in any team function until they are re-instated by the principal and/or the athletic director.**
3. If at the end of the ten school day period a student can demonstrate to the principal and/or athletic director that his or her grades are at “C” level in all classes, **the student will be reinstated.**

B. **CITIZENSHIP:**

Two or more unsatisfactory citizenship marks will render a student ineligible for minimum of 25 school days. A petition may be submitted to the Athletic Director for reinstatement at the end of 25 school days after the student was notified.

C. **SUSPENSION FROM SCHOOL:**

Violations of school rules resulting in suspension will cause the student to be ineligible during the suspension period. He/she may not participate in any activities during the suspension.

D. **USE OF CHEMICALS:**

1. During the school year and season of practice, play, rehearsal, regardless of the quantity, a student shall not:

- a. Use a beverage containing alcohol.
- b. Use tobacco (chew, snuff, cigarette)
- c. Use or consume, have in possession, buy, sell or give away any controlled chemical or substance, e.g. tobacco, marijuana, alcoholic drink, etc.

### **PENALTIES:**

1. **FIRST VIOLATION:** After the confirmation of the first violation, the student shall lose, a minimum, eligibility for the next five consecutive interscholastic events/activities.
2. **SECOND VIOLATION:** After a confirmed second violation, the student shall lose as a minimum, eligibility for the next twelve consecutive interscholastic events/activities or eight weeks, whichever is greater, in which the student would have been a participant.
  - a. If the student enters a chemical dependency treatment center, and the student is certified by the authorities operating the program. The student upon certification may be reinstated after six weeks.
3. Longer and more serious penalties may be imposed depending on the gravity of the offense.

### **CONSENT TO SEARCH:**

It is the responsibility of parents/guardians of a participating students to take steps to insure that back packs, ice chest, sports bags brought to any athletic event are appropriate. Student's carry on items may be searched at any athletic event that requires district transportation. Failure of the student or parent to consent to such search will result in the student's forfeiture to travel and to participate in the athletic event.



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**STUDENT/PARENTS CONSENT TO ABIDE BY ATHLETIC/ACTIVITIES CODE**

I, \_\_\_\_\_, have received, read, understand, acknowledge and agree to abide by all the rules and regulations presented in the Santa Lucia Warriors Athletic/Activities Code. I acknowledge that I have carefully read the voluntary activities participation form and that I understand agree to its terms. I have read, understand and acknowledge Coast Unified School Districts concussion protocol and guidelines.

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Signature of Student

Date

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Signature of Parent/Guardian

Date

## Athletic Competition Screening Form

School: **SANTA LUCIA MIDDLE**  
 Student Name: \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**Health History**

**To be completed by Parent or Guardian**

	Yes	No
Chronic/Recurrent Illness		
Hospitalizations		
Surgery other than Tonsils		
Serious Injury		
Current Medications		
Smoking/Substance Abuse		
Heat Exhaustion/Stroke		
Dizziness/Fainting/ Convulsions/Headaches		
Knocked out/Concussion		
Wear Glasses or Contacts		
Hearing Defects		
Dental Appliances Bridge/Braces/Cap/Plate		
Breathing Problems		
Problems with Blood Pressure Heart, Murmurs		
Problems w/ Liver, Spleen, Kidney		
Hernia		
Recurrent Skin Disease		
Bone/Joint Injury Sprain/Dislocation Injury that caused a missed practice or event		
Allergy to Medications		
Tetanus Booster in last 10 yrs		
Please explain any Medical Problems on attached sheet		

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Vitals	Satisfactory		Physical Evaluation Comments	Recommended Follow-Up
	Yes	No		
Ht.				
Wt.				
BP				
P				
General				
Head				
Eyes			Acuity R 20/    L 20/	
ENT				
Dental				
Chest				
Heart				
Abdomen				
Genitalia				
Skin				
Extremities Back, Neck				
Allergy				

**SUMMARY OF COMMENTS:**

**Sports Participation Approved**                      **Yes** \_\_\_\_\_                      **No** \_\_\_\_\_  
 Limitations: \_\_\_\_\_

Physicians Signature \_\_\_\_\_

Date \_\_\_\_\_