

\_\_\_\_\_ school attended last year

\_\_\_\_\_ last name

\_\_\_\_\_ first name



## Student-Athlete Participation Code 2020-2021

**Please read everything carefully, and return the completed packet with all required fields (marked with an \*) filled in.**

### Extra-Curricular Activity Eligibility Rules

- Academic Eligibility: **2.5 non-weighted GPA** and **no Failing grade** in the previous grading period. Grading periods are defined as official report card grades. For fall sports, 2<sup>nd</sup> semester grades from the previous school year are used. In order to allow time for grades to be recorded and analyzed, any eligibility/ineligibility will begin the **first Monday after the nine-week grading period**.

### Tryout and Team Information

- In order for a student to **tryout or condition** with a team, the student must **meet the grade requirements**, have a **complete athletic packet** with **current physical, library clearance, and complete insurance information**, turned in to the athletic director. Physicals are good for one year, but a **NEW ATHLETIC PACKET** is required at the start of each school year. **RETURN THE ENTIRE PACKET**

### ASB Cards

- In order for a student to receive any post-season awards (letters, all-league awards, etc.), athletes must purchase an ASB card. They are \$20.00 and can be purchased in the office.

*Participation in athletics at University Preparatory School means more than competition between individuals or teams representing different high schools. It teaches fair play, sportsmanship, understanding, and appreciation of teamwork. A strong commitment and hard work is a path that leads to success.*

*Participation on an athletic team is a privilege that is extended to every student who is eligible under the regulations set forth by State CIF and UPS. With every privilege comes responsibility. The conduct of a UPS athlete is closely observed by many people. An athlete is a representative of a team, the school, and the community. **It is important that a UPS athlete conduct himself or herself in a respectful and appropriate manner at all times and in all places.***

**LIBRARY CLEARANCE:**

**Librarian Signature** \_\_\_\_\_

**DATE** \_\_\_\_\_

# Concussion (RTP) Protocol Form

## CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.

**Instructions:**

- This graduated return to play protocol **MUST** be completed before you can return to FULL COMPETITION
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., coach, athletic director), must initial each stage after you successfully pass it.
  - Stages I to II-D take a minimum of 6 days to complete.
  - You must be back to normal academic activities before beginning Stage II.
  - You must complete one full practice without restrictions (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician).				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days <b>AFTER</b> you have seen a physician	No activities requiring exertion (weight lifting, jogging, P.E. classes)	Recovery and elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none"> <li>• 10-15 minutes of walking or stationary biking</li> <li>• Must be performed under direct supervision by designated individual</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to no more than 90% of perceived max. exertion (e.g., &lt; 100 beats per minute)</li> <li>• Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity Light resistance training	<ul style="list-style-type: none"> <li>• 20-30 minutes jogging or stationary biking</li> <li>• Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max. exertion (e.g., 100-150 bpm)</li> <li>• Monitor for symptom return</li> </ul>
	II-C	Strenuous aerobic activity Moderate resistance training	<ul style="list-style-type: none"> <li>• 30-45 minutes running or stationary biking</li> <li>• Weight lifting ≤ 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to &gt; 75% max. exertion</li> <li>• Monitor for symptom return</li> </ul>
	II-D	Non-contact training with sport-specific drills No restrictions for weightlifting	<ul style="list-style-type: none"> <li>• Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>• No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>• Add total body movement</li> <li>• Monitor for symptom return</li> </ul>
Minimum of 6 days to pass Stages I and II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.				
	III	Limited contact practice  Full contact practice	<ul style="list-style-type: none"> <li>• Controlled contact drills allowed (no scrummaging)</li> <li>• Return to normal training (with contact)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase acceleration, deceleration and rotational forces</li> <li>• Restore confidence, assess readiness for return to play</li> <li>• Monitor for symptom return</li> </ul>
<b>MANDATORY:</b> You must complete at least ONE contact practice before return to competition. (Highly recommend that Stage III be divided into 2 contact practice days as outlined above.)				
	IV	Return to play (competition)	Normal game play	Return to full sports activity without restrictions

Athlete's Name: \_\_\_\_\_ Date of Concussion Diagnosis: \_\_\_\_\_

**SIGNATURE ACKNOWLEDGES THAT WE HAVE READ AND UNDERSTAND THE CIF Concussion Return to Play (RTP) Protocol. The above form will be used in any case of a suspected concussion.**

\* \_\_\_\_\_ \*  
Student Name (Please Print) Grade Level

\* \_\_\_\_\_ \*  
Student Signature Date

\* \_\_\_\_\_ \*  
Parent/Guardian Signature Date

**NOTE: Athletes participating in athletic events may miss classes. Student-athletes are not excused from work missed, and must get the assignments before departing sporting events.**

**The following rules, which are a reflection of the school's philosophy, are in effect.**

- All athletes must abide by all regular school policies and the policies of the High School Athletic Association. All athletes will adhere to these policies during the duration of their season, including all conditioning sessions and post-season competitions (play-offs).
- Before athletes are permitted to engage in any practice, they must have on file with the Athletic Director the following:
  - A. Emergency medical release (consent to treat) forms
  - B. Completed physical examination form
  - C. Insurance waivers, or proof of school insurance purchase
- Appropriate care must be taken of all equipment, school facilities, and properties. Athletes shall be held financially responsible for any damage or loss through their negligence, at the replacement cost. Report cards will not be issued to athletes owing equipment or fees.
- All athletes shall report any injuries or illness to their respective coaches immediately upon occurrence.
- The athlete shall be expected to attend all required practices, meetings, and contests. The appropriate coach shall be notified of an absence. No season is over until all contests, state sponsored tournaments, or meets have been completed by the team or individuals. Refusal to participate through the end of the season shall result in the loss of any awards for recognition.
- Athletes quitting a sport must clear all responsibilities and obligations with the coach of that sport. Participation in the next sport cannot start until the previous sport season is completed.
- Athletes who are under any type of medication shall have on file with the coach or Director a note from the parent/guardian and/or doctor.
- Athletes who engage in any criminal activity or violations of civil law may be denied participation in an extracurricular program. Recognizing the varying degrees of the severity in violations (misdemeanors vs. felonies), consequences for such involvement may result in a minor reprimand or denial of participation depending on the nature of the offense.
- It is the policy of UPS to prohibit the use, by students, of any tobacco product, alcohol product, or drug not prescribed by a physician. For any violation, the following steps will be followed:
  - o First Offense: The athlete will be denied participation in competitions (and practice) beginning with the first competition following the start of any school imposed discipline, and ending after twenty percent (20%) of that season's competitions have taken place.
  - o Second Offense: Dismissal from team without any awards or recognition.
  - o Third Offense: Denied participation in athletic programs for the academic year.

**Also understand that:**

- o Consequences for the use of alcoholic beverages will also be enforced under the code on student suspensions, expulsions, and removals.
- o Since state law prohibits purchase and consumption of alcoholic beverages by minors, law enforcement and legal ramifications may exist.
- o It is either a misdemeanor or a felony in this state to use, buy, or sell illegal drugs. Law enforcement personnel will be notified, and legal ramifications may exist in the use of, sale of, or purchase of illegal drugs.

# Student-athlete Conduct

**As stated earlier:**

*Participation on an athletic team is a privilege that is extended to every student who is eligible under the regulations set forth by State CIF and UPS. With every privilege comes responsibility. The conduct of a UPS student-athlete is closely observed by many people. A student-athlete is a representative of a team, the school, and the community. It is important, therefore, that a UPS student-athlete conduct himself or herself in a respectful and appropriate manner at all times and in all places.*

As a student-athlete, you are a representative of University Preparatory both on and off the field of play. **You will be held to a higher standard.** Acting out in class will not be tolerated. This means that referrals, detentions, and suspension at school will be forwarded to the athletic director and you may be suspended from practice, conditioning, or competition.

Student-athletes shall also abide by additional rules and regulations presented normally to all team members of a particular sport by the coaches. A coach, under these additional rules and regulations, can suspend an athlete from practice, conditioning, or competition.

A conduct infraction must be observed by a staff member, coach, chaperone, school administrator, school board member, a member of any law enforcement agency, or the parent of the student-athlete in violation.

In the event of any infraction of the policies or rules, the following procedures will take place:

1. The coach or athletic director must inform the student-athlete either verbally or in writing about any infraction and the subsequent consequences.
2. A coach must contact the student-athlete's parents and the Athletic Director, either verbally or in writing, that the student-athlete is being denied participation. The coach must also explain the appeal process.
3. In keeping with due-process procedures, if requested by a parent, a hearing involving the athlete, his or her parents, the involved coach, the athletic director, and school administrators may be held.

**Any situation not specifically covered in this code will be referred to the Athletic Director, Principal or Principal's designee.**

<b>A student participating in CIF sanctioned sports must meet CIF standards in addition to all UPS standards.</b>						
<b>We have read, understand, and agree to abide by the above rules and regulations.</b>						
* _____	* _____	* _____				
Student Athlete's Printed Name	Student Athlete's Signature	Date				
* _____	* _____	* _____				
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date				
School student-athlete attended <b>last year</b>	* _____					
Current grade level in school*	<b>7<sup>th</sup></b>	<b>8<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>10<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>12<sup>th</sup></b>

**CALIFORNIA EDUCATION CODE  
SECTION 44811**

**Before a student may tryout or participate on an athletic team, this form must be signed by the parent(s) or guardian(s) indicating that they have read and understand *Section 44811 of the California Education Code*. This form should be returned to the Athletic Directors office along with the parent consent form.**

**ATHLETE'S NAME: \*** \_\_\_\_\_

44811. Disruption of class work or extracurricular activities: punishment: exemptions

(a) Any parent, guardian, or other person whose conduct in a place where a school employee is required to be in the course of his or her duties materially disrupts class work or extracurricular activities or involves substantial disorder is guilty of a misdemeanor.

(b) A violation of subdivision (a) shall be punished as follows:

(1) Upon the first conviction, by a fine of not less than five hundred dollars (\$500) and not more than one thousand dollars (\$1,000) or by imprisonment in a county jail for not more than one year, or by both the fine and imprisonment.

(2) Upon a second conviction, by imprisonment in a county jail for a period of not less than 10 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars (\$1,000). The defendant shall not be released on probation, or for any basis until he or she has served not less than 10 days in a county jail.

(3) Upon a third or subsequent conviction, by imprisonment in a county jail for a period of not less than 90 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars (\$1,000). The defendant shall not be released on probation, or for any other basis until he or she has served not less than 90 days in a county jail.

(4) Upon a showing of good cause, the court may find that for any mandatory minimum imprisonment specified by paragraph (2) or (3) of this subdivision, the imprisonment shall not be imposed, and the court may grant probation, or the suspension of the execution or imposition of the sentence.

\* \_\_\_\_\_ \*

Parent/Guardian's Signature Date

\* \_\_\_\_\_ \*

Parent/Guardian's Signature Date

# Parent Informed Consent

An athlete must notify the coach immediately if he or she considers dropping from a squad. Dropping without consulting the coach shall result in the immediate suspension from athletics for the rest of the season of that sport. Any athlete who is a member of a team for twenty practice days and quits the squad after this time will be ineligible for another sport until the end of the season of the sport he or she quits. This would include team play-offs in CIF.

## **WARNING TO STUDENTS AND PARENTS: SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.**

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL ACCIDENTS may occur.

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

Students and parents 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 a choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your son/daughter to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper use and techniques.

If any of the foregoing is not completely understood, please contact the Athletic Director for further information. **SIGNATURE ON THIS FORM ACKNOWLEDGES THAT WE HAVE READ AND UNDERSTAND THE MATERIAL CONTAINED IN THE NOTICE TO ATHLETES AND PARENTS OR GUARDIANS.**

\* \_\_\_\_\_ \*  
Student Name (Please Print) Grade Level

\* \_\_\_\_\_ \*  
Student Signature Date

\* \_\_\_\_\_ \*  
Parent/Guardian Signature Date

### Pre-participation Physical Evaluation — MEDICAL HISTORY

The medical history form must be completed **annually** by a parent or guardian and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to compete in an athletic event, as well as to assist medical personnel in the event of an injury or illness.

**Explain ALL yes answers at the end of the section:**

- |  |            |           |
|--|------------|-----------|
| 1. In the last 12 months have you been hospitalized? . . . . .                               | <b>Yes</b> | <b>No</b> |
| 2. In the last 12 months have you had any injuries requiring medical attention?              | <b>Yes</b> | <b>No</b> |
| 3. In the last 12 months have you had any illness lasting more than one week?                | <b>Yes</b> | <b>No</b> |
| 4. Have you ever had a concussion or been knocked unconscious?                               | <b>Yes</b> | <b>No</b> |
| If yes, how many times? _____ When was the last concussion? _____                            |            |           |
| 5. Have you ever had a convulsion? . . . . .   | <b>Yes</b> | <b>No</b> |
| 6. Are you now under a physician's care? . . . . .   | <b>Yes</b> | <b>No</b> |
| 7. Are you missing any paired organ (eye, kidney, testicle, etc)? . . . . .                  | <b>Yes</b> | <b>No</b> |
| 8. Have you ever passed out during or after exercise? . . . . .                              | <b>Yes</b> | <b>No</b> |
| 9. Have you ever been told that you have a heart murmur? . . . . .                           | <b>Yes</b> | <b>No</b> |
| 10. Have you ever had racing of your heart or skipped heart beats? . . . . .                 | <b>Yes</b> | <b>No</b> |
| 11. Are you allergic to any medication (aspirin, sulfa products, etc)? . . . . .             | <b>Yes</b> | <b>No</b> |
| 12. Do you take medication regularly? . . . . .  | <b>Yes</b> | <b>No</b> |
| 13. Do you know of any reason why there should be limits in your participation?              | <b>Yes</b> | <b>No</b> |
| 14. Do you wear any removable dental appliance (bridge, plate, retainer, etc)?               | <b>Yes</b> | <b>No</b> |
| 15. Have you ever been hospitalized? . . . . .   | <b>Yes</b> | <b>No</b> |
| 16. Have you ever had surgery? . . . . .   | <b>Yes</b> | <b>No</b> |
| 17. Do you tire more quickly than your friends during exercise? . . . . .                    | <b>Yes</b> | <b>No</b> |
| 18. Have you ever had chest pain during or after exercise? . . . . .                         | <b>Yes</b> | <b>No</b> |
| 19. Have you ever had high blood pressure? . . . . .   | <b>Yes</b> | <b>No</b> |
| 20. Has anyone in your family died of heart problems or a sudden death before the age of 50? | <b>Yes</b> | <b>No</b> |
| 21. Do you have any skin problems (itching, acne, rashes, etc)? . . . . .                    | <b>Yes</b> | <b>No</b> |
| 22. Have you ever had a stinger, burner, or pinched nerve? . . . . .                         | <b>Yes</b> | <b>No</b> |
| 23. Have you ever had heat or muscle cramps? . . . . .                                       | <b>Yes</b> | <b>No</b> |
| 24. Have you ever been dizzy or passed out in the heat? . . . . .                            | <b>Yes</b> | <b>No</b> |
| 25. Have you had a head injury? . . . . .  | <b>Yes</b> | <b>No</b> |
| 26. Do you have trouble breathing, or do you cough after activity? . . . . .                 | <b>Yes</b> | <b>No</b> |





## Pre-participation Physical Examination

(Please print or copy for signature)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision [R] 20 / \_\_\_\_\_ [L] 20 / \_\_\_\_\_ Corrected Vision: Yes / No Contacts: Yes / No

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Skin	_____	_____	Ears	_____	_____
Heart	_____	_____	Nose	_____	_____
Lungs	_____	_____	Mouth	_____	_____
Chest	_____	_____	Throat	_____	_____
Liver	_____	_____	Eyes	_____	_____
Spleen	_____	_____	Spine	_____	_____
Neurological	_____	_____	Genitalia	_____	_____
Hernia: _____					

Description of Abnormal Findings: \_\_\_\_\_

### Orthopedic

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Neck	_____	_____	Shoulders	_____	_____
Elbows	_____	_____	Wrists	_____	_____
Hands	_____	_____	Back	_____	_____
Hips	_____	_____	Knees	_____	_____
Ankles	_____	_____	Feet	_____	_____

Description of Abnormal Findings: \_\_\_\_\_

\_\_\_\_\_ No Restrictions—May participate in all activities

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

\_\_\_\_\_ Not Cleared for \_\_\_\_\_ Collision \_\_\_\_\_ Contact

\_\_\_\_\_ Non-Contact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately Strenuous \_\_\_\_\_ Non Strenuous

*I certify that I have on this date examined this student and that, on the basis of the examination and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (Note exceptions above.)*

Stamp or Print Name of Physician

Date of Exam: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's D.O. \_\_\_\_\_

\*  
\*  
\*

This form must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners.

**UPS Athletics**

**Athlete Emergency Information**

The information requested below is required to participate in California Interscholastic Foundation athletics. On the bottom of the page is a place for a parent or guardian's signature and the student's signature. By signing this form you will attest that you have read and completed all of the enclosed information concerning the student's insurance coverage, parent or guardian permission to treat, athletic and school code, and general eligibility rules. The signatures will also attest that you understand and agree to statements within the athletics participant warning. These signatures also attest to the complete factual nature of all answered questions on the medical history. If these signatures are not provided, then UPS will not recognize these forms to be complete.

\*Name (Last, First, M.) \_\_\_\_\_

\*Male / Female      \* Grade Level: \_\_\_\_\_ \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Parent/Guardian: \_\_\_\_\_ \* Work phone \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

\*Athlete's Home Address: \_\_\_\_\_

	Street Address	City	Zip Code
Sports (Circle each):	VB   CC   Flag   BB	Soccer   Cheer	Softball   Baseball   Golf   Swim

**THIS SECTION MUST BE FILLED OUT**

**Private (Primary) Insurance**

\*Company Name: \_\_\_\_\_

\*Policy # \_\_\_\_\_

Pre-authorization Phone Number: \_\_\_\_\_

\*My son/daughter is covered by the above insurance policy: Yes / No

Medical Facility of Choice: \_\_\_\_\_

Known Allergies (drug, food, insect, etc): \_\_\_\_\_

Medications (inhaler, insulin, etc): \_\_\_\_\_

Special Medical Problems: \_\_\_\_\_

**Parent / Guardian Consent to Treatment of Student-Athlete**

I do hereby authorize UPS coaches or school representatives on my behalf to consent to any medical treatment deemed necessary by any licensed physician/surgeon in the event of an illness or injury to the above named minor. The consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, or while traveling to or from the event. If, in the judgment of a representative of the school, the above named student needs immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the coach or school representative upon completion of that treatment.

\* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_

Parent/Guardian Signature      Student Signature      Date