

COUGAR BULLETIN

WEEKLY NEWSLETTER

OCTOBER 19-23 2020 • ISSUE 2 • VOLUME 1

Welcome Back from October Break

Yearbook

We're here to share some exciting news with you regarding the 2021 yearbook. Guess what? You're officially on the yearbook staff! Yes, you read that right! This year, more than ever, we ask that you join us in helping to create the book. Follow us on Instagram @cims_ybk Send us pictures (and questions) to cimsybk@gmail.com This yearbook is unique in that it will be created by the whole school. Thank you in advance for being a part of this historic year. Don't forget to reserve your copy at www.jostensyearbooks.com or call 1.877.767.5217. Sincerely,
Mr. Morgan
Go Cougars!!
See Pages 3

Nutrition and Healthy Living Series

This is the introduction to a 4 week virtual series
Lesson Topics:

- Get Moving!
- Plan, Shop & Save
- Fruits & Veggies: Half Your Plate Make Half
- Your Grains Whole
- Build Strong Bodies: Milk & Protein Make A
- Change: Fat, Sugar, Salt

Celebrate! Eat Smart and Be Active
October 22 at 2:30

See flyers on page 4 and 5 for more details

Class of 2022 Fundraiser

CLASS OF 2022 is selling beef jerky from Bubba's Jerky! Plenty of flavors to choose from. Fundraiser runs from Oct 12th thru Oct 30th, 2020. Type #CIMS at order checkout and we get credit for your purchase. Thanks for helping!
See Page 6 for more details



Calling all Athletes

Do you want to participate in a sport?

You must complete an Athletic Packet BEFORE you try out, condition, or join a team.

More details starting on page 19

High School Girls Volleyball



Attention High School Volleyball Players:

Volleyball conditioning for this week and

tryouts the week of 10/19 have been temporarily canceled.

If you are interested in CIMS Volleyball please have your completed Athletic Packet turned into the front office by Friday, October 23rd. Any packets turned in after this date will only be considered for other sports at CIMS.

Incomplete packets will not be processed. Please wait to be contacted directly by Coach Leet for conditioning days and times.


Cross Country


All Grade Levels and Abilities are Welcome!!


Students must have a physical and athletic packet on file BEFORE they can practice with the team. Must be done by the end of October or you cannot join. Join the fastest team at CIMS!


For more details see page 7


Other ways to stay up to date

 www.facebook.com/cimsvvuhsd

 [Cims_vvuhsd](https://twitter.com/Cims_vvuhsd)

 [Cims_vvuhsd](https://www.instagram.com/Cims_vvuhsd)

 <https://cims.vvuhsd.org/>

 Sign up for Calendar updates by clicking the bell at: <https://cims.vvuhsd.org/calendar>

Picture day Etiquette

We want to remind all students to be in proper uniform attire and follow our dress code rules.

- ♦ Hair must be kept out of their eyes
- ♦ Natural hair colors only (no distracting un-natural colors which include multi-color layers)
- ♦ No facial piercings
- ♦ No excessive make-up
- ♦ Modest jewelry

Read more below Page 8-9

Picture Days

*** CIMS POLOS ARE SOLD OUT, Please stand by for more details to be released soon!

Purchased polos can be picked up in Ms.

Myles. room, 804, when the student arrives to take their picture. Students will not be allowed change into their polo but will need to wear it over the shirt then come in. All polo purchases must be made by Oct. 15th. The student store will not be open for purchasing polos the day of pictures.

Want to order school photos?

You will be receiving an email from Lifetouch soon about how to purchase school photos.

October 21st - 7th grade

A - L 12:30 - 2:30 pm

M - Z 3:00 - 4:30 pm

October 22nd - 8th grade

A - L 12:30 - 2:30 pm

M - Z 3:00 - 4:30 pm

October 23rd - 9th grade

A - L 12:30 - 2:30 pm

M - Z 3:00 - 4:30 pm

October 26th - 10th grade

A - L 12:30 - 2:30 pm

M - Z 3:00 - 4:30 pm

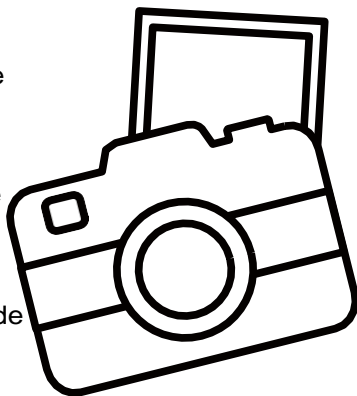
October 27th - 11th grade

A - L 12:30 - 2:30 pm

M - Z 3:00 - 4:30 pm

Please enter the south fire lane and drop off students by the 800 building. The driver will continue around the building and meet the student in the North parking lot. This is the same format that was used for textbook distribution.

For More Info See Page 10-13



VVUHSD Tutoring

Victor Valley Union High School District is offering free tutoring virtually for all students in Read more below Page 15

CIMS TUTORING

The Fall 2020 Tutoring schedule is available Tutoring is available for Math, Science, English, Communications and Music Read more below Page 14

After School Program

Calling all 7th - 9th Graders!!!

AYA is hosting a virtual after school program.

Students can receive homework help and participate in a number of activities from music, to STEM, to coding, to performing Arts and more

For More Info See Page 16-17

Cooking Corner

I don't know about your children, but my son is always "starving" after school. One fateful day I happened to have leftover peanut butter frosting lying around and was in the middle of baking my "feel good" treat of brownie cookies. I smashed the two together and they have been a family favorite every since! Brownie cookies have been my go-to "need to eat my emotions" treat since I was introduced to them in college. They are chewy and delectable, and when you roll them in powdered sugar before you bake them, come out of the oven frosted! They are extremely easy to make and come together in a flash. I ate brownie cookies by themselves for YEARS before I stumbled into this no-brainer of a combination. When you go to make them, be sure to check the size of the bag of brownie mix-they are all different! So you may need to add or subtract flour based on the size you use. I know I am alone in this sentiment, but I am not a fan of peanut butter, and when I do eat it, I'm super picky about it! For instance, I love Reese's Peanut Butter cups-but ONLY the miniatures. Weird, right?! I knew that this peanut butter frosting recipe was a winner when I kept going back to the bowl to "quality check" it. Frosting can be tricky to get the consistency you want. I suggest playing with the recipe until it's perfect for you (I personally always add a bit more milk, but also depends on how dry it is that day). This recipe is perfect for the beginning baker-happy baking! -Mrs. Powers [See Recipe Below Page 18](#)



CIMS Yearbook welcomes you to the 2020-2021 school year!

We're here to share some exciting news with you regarding the 2021 yearbook. Guess what? **You're officially on the yearbook staff!** Yes, you read that right! This year, more than ever, we ask that you join us in helping to create the book.

What are some ways you could help us achieve this task? Consider: -Follow us on

Instagram **@cims_ybk**

-Send us pictures (and questions) to **cimsybk@gmail.com**

-When you see an email in regards to the yearbook, open it! Complete the form requesting information and pictures! Easy.

-Capture CANDID moments and send them to us. By candid we mean non-posed.

-Student organizations definitely deserve some love: help us gather memories of meetings, practices or virtual events.

-Calling all athletes: we are talking about school sports or extracurricular sports. Share your stories and photos!

-Dressing up like Romeo and Juliet to perform a play via Zoom? We need to hear about it! Participating in a team building experience involving a phone app? Tell us!

-If you or a parent you know takes pictures at student events, please email us.

-Take photos of ANYTHING that happens in your home that connects back to our school, whether virtually or in-person.

-We want to feature any students who are doing something awesome. Suzie is getting her pilot's license? Johnny was accepted to a really cool program for Latin? Email us!

This yearbook is unique in that it will be created by the whole school. Thank you in advance for being a part of this historic year. Don't forget to reserve your copy at www.jostensyearbooks.com or call 1.877.767.5217.

Sincerely,
Mr. Morgan
Go Cougars!!

UCCE Connects to You!

Making nutrition education available to all Californians



ATTENTION

Victor Valley Union High School District Parents!

Learn how to be healthy at home with *UCCE Connects to You!*

You will learn how to...

- ✓ Keep yourself and your family fit and healthy.
- ✓ Save money at the grocery store.
- ✓ Make healthy food choices.
- ✓ Plan and prepare low-cost, tasty meals.
- ✓ Complete this 8 lesson program at home!
- ✓ Each lesson includes healthy recipes and lots of tips.
- ✓ Connect regularly with UC nutrition educators.

Lesson Topics:

- Get Moving!
- Plan, Shop & Save
- Fruits & Veggies: Half Your Plate
- Make Half Your Grains Whole
- Build Strong Bodies: Milk & Protein
- Make A Change: Fat, Sugar, Salt
- Celebrate! Eat Smart and Be Active

Join us on Zoom to learn more about the program!

Thursday, October 22nd 2020 @ 2:30 p.m. PST

Online Virtual Meeting

Meeting ID: **967 8573 6995** Passcode: **149772**

<https://ucanr.zoom.us/j/96785736995?pwd=M2R3VmJva3RPQ0dpdmZVUWlvelFrZz09>



UNIVERSITY OF CALIFORNIA
Agriculture and Natural Resources



California's CalFresh Healthy Living, with funding from the United States Department of Agriculture's Supplemental Nutrition Assistance Program – USDA SNAP, produced this material. These institutions are equal opportunity providers and employers. For important nutrition information, visit www.CalFreshHealthyLiving.org. The Expanded Food and Nutrition Education Program (EFNEP) is a federally-funded program through the United States Department of Agriculture National Institute of Food and Agriculture (USDA NIFA).

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities. Inquiries regarding ANR's nondiscrimination policies may be directed to UCANR, Affirmative Action Compliance & Title IX Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1343.

¡UCCE se conecta contigo!

Brindando educación sobre nutrición a todos en California



ATENCIÓN

padres en el Distrito de Victor Valley Union High School!

Aprenda a como mantenerse saludable en casa con ¡UCCE se conecta contigo!

Usted aprenderá cómo...

- ✓ Mantenerse usted y su familia activos y saludables.
- ✓ Ahorrar dinero al comprar alimentos.
- ✓ Seleccionar alimentos nutritivos para una mejor alimentación.
- ✓ Planear y preparar comidas sabrosas y a bajo costo.
- ✓ Usted completará este programa de 8 lecciones en casa!
- ✓ Usted estará en contacto con los educadores de nutrición de la Universidad de California para hacer preguntas y obtener apoyo.
- ✓ Cada lección incluye recetas saludables y muchos consejos.

Temas que ofrece el programa:

- * ¡A movernos!
- * Planee, compre y ahorre
- * Frutas y verduras: la mitad de su plato
- * La mitad de los granos que sean granos integrales
- * Mantenga su peso con proteína
- * Fortalezca sus huesos con calcio
- * A cambiar costumbres

¡Únete a nosotros para una introducción del programa por medio de Zoom jueves, octubre 22 2020 a las 2:30 p.m. PST

Reunión virtual en línea

ID de reunión: **967 8573 6995** Código de acceso: **149772**

<https://ucanr.zoom.us/j/96785736995?pwd=M2R3VmJva3RPQ0dpdmZVUWlvelFrZz09>



UNIVERSITY OF CALIFORNIA
Agriculture and Natural Resources



CalFresh Healthy Living de California, con fondos del Programa de Asistencia para Nutrición Suplemental (SNAP) del Departamento de Agricultura de los Estados Unidos (USDA), produjo este material. Estas instituciones son proveedores y empleadores que ofrecen oportunidades equitativas. Para obtener información nutricional importante, visite www.CalFreshHealthyLiving.org. EFNEP es un programa subsidiado por el Departamento de Agricultura de los Estados Unidos, Instituto Nacional de Alimentación y la Agricultura (USDA- NIFA).

La División de Agricultura y Recursos Naturales (ANR) de Universidad de California prohíbe la discriminación o el hostigamiento de cualquier persona en cualquiera de sus programas o actividades. Las preguntas sobre la política antidiscriminatoria de ANR pueden dirigirse a: UCANR, Afirmativa Acción Compliance Officer/Title IX Officer, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1343.

ORDERING STEPS

1. Go to Bubbasjerky.com
2. Add items to cart
3. In checkout, there is a Gift Code box. Type **#CIMS** for our school to get credit. (A screenshot of a cart with the ID is shown). PLEASE DO NOT FORGET THIS STEP!
4. Complete checkout purchase

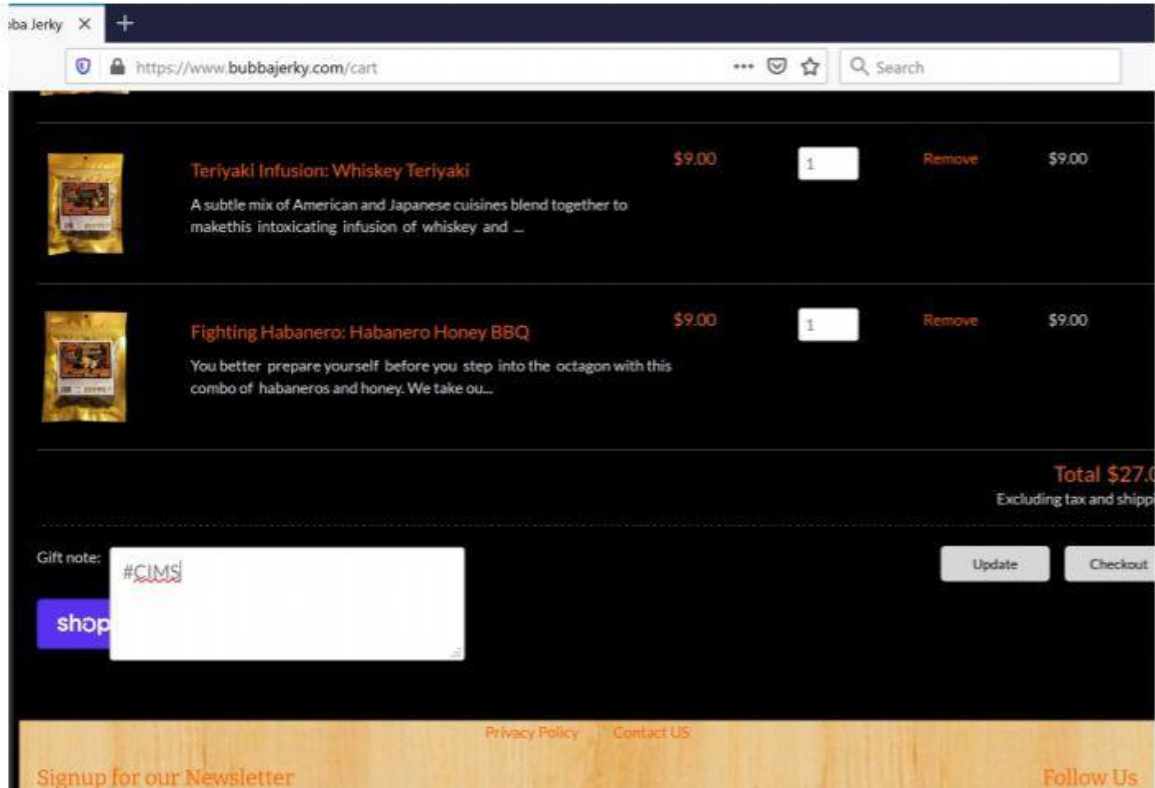


BUBBAJERKY.COM



112 N Harvard Ave, #44 Claremont, CA 91711
909-447-9318

Bubbas Jerky Inc
112 N Harvard Ave, #44 Claremont, CA 91711
info@Bubbasjerky.com



Shipping and Delivery

Order will ship in 2-3 days after receipt of online order. Orders will not ship if payment has not cleared in time of deliver date. Customer will receive an email notification (including tracking numbers) when order has been shipped. Transit time will vary from 1-5 business days depending upon location.

Returns/Exchanges

Because Bubbas Jerky is a food product there are no returns or exchanges. If a Product is damaged during delivery, we will be more than happy to replace it. Just follow these steps;

1. If a box is damaged or opened please file a report with the delivery company.
2. Please at that time take 4 to 5 photos at different angles of the open box.
3. If Product is at that time damaged or missing please identify product and contact Bubbas Jerky

We will replace and or exchange any damaged product. Just contact Bubbas Jerky with proper photos and we will remedy the situation.

CIMS CROSS COUNTRY

WHEN:

Assigned Groups of 10 runners

Beginning approx. 10/19/2020

Mon-Thur 3:30-4:30 PM

Check in every day 3:15 PM

Practice days will depend on the group you are placed in.

WHO:

Prospective athletes

Students must have a physical and athletic packet on file BEFORE they can practice with the team. Must be done by the end of October or you cannot join. Join the fastest team at CIMS!

COVID Changes:

Many requirements are in place due to COVID. Please go through each of the following links for important information before signing up:

Click for [Athletic Packet](#)

Click for [XC Rules and Handbook](#)

Click for [Questionnaire](#)

**ALL GRADE LEVELS
AND ABILITIES ARE
WELCOME!!**



**THERE IS LIMITED
SPACE, SO GO OVER
THE INFO LINKS AND
SIGN UP ASAP!**

FOR MORE INFO:

Contact:

Mr. Nichols

jnichols@wuhsd.org

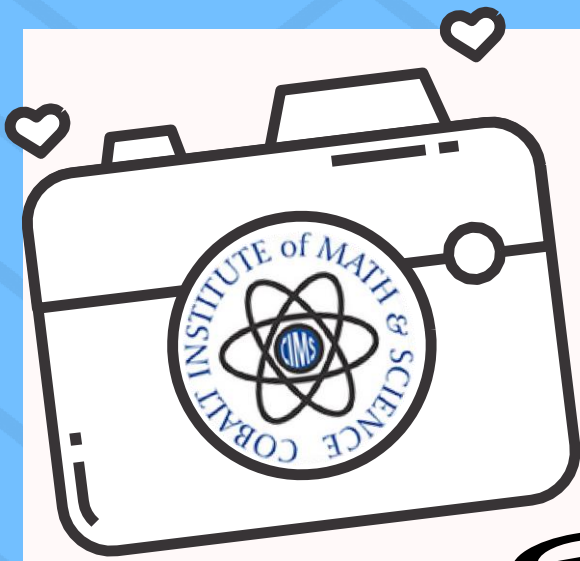
or

Ms. Keiki

akeiki@wuhsd.org

**MUST SIGN UP FOR
CIMSXC REMIND FOR
UPDATES/REMINDERS
Text @CIMSXC to 81010**

Approved by ASB



PICTURE DAY etiqu ette

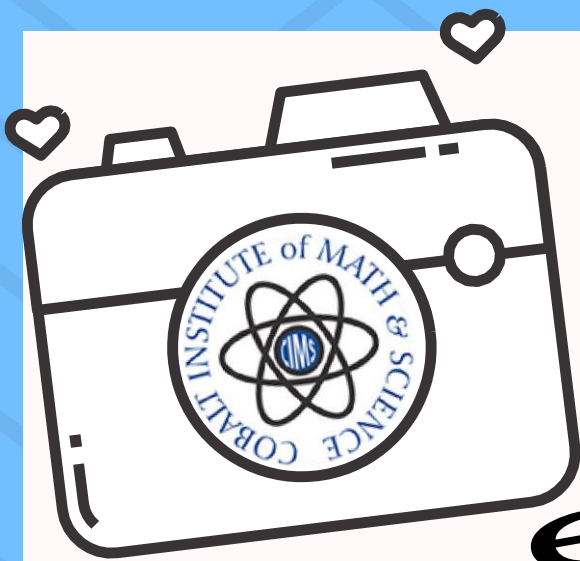
Picture Day(s) will begin October 21, 2020, through October 26, 2020. Students must arrive with a mask on and remain six feet apart at all times. They may remove the mask for their picture. We want to remind all students to be in proper uniform attire and follow our dress code rules.

- Hair must be kept out of their eyes
- Natural hair colors only (no distracting un-natural colors which include multi-color layers)
- No facial piercings
- No excessive make-up
- Modest jewelry

You must be in a school-issued polo shirt. They have been made available for online purchase on the student store web page and will be available for pick up on picture day. The purchase deadline is October 15th (the student store will not be open for purchases. Online sales only)

Students will enter at the side gate at the south fire lane where they will be screened and temperature scanned before entering the campus per COVID guidelines.

Students will then proceed to the exterior window of the student store where they will pick up their polo shirt (staff will direct them to areas). They will have to put the polo shirt over their clothing that they are already wearing because our restrooms are not open for use. Photographers will be in the gym to take student pictures then they will exit to the north side gate for parent pick up.



DÍA DE FOTOS etiqu eta

Los días para tomar fotografías comenzarán el 21 de octubre de 2020 hasta el 26 de octubre de 2020. Los estudiantes deben llegar con una máscara y permanecer a seis pies de distancia en todo momento. Pueden quitarse la máscara para su fotografía. Queremos recordarles a todos los estudiantes que usen el uniforme adecuado y sigan las reglas del código de vestimenta.

- El cabello debe mantenerse fuera de sus ojos.
- Solo colores de cabello naturales (sin colores no naturales que distraigan, que incluyen capas de varios colores)
- Sin piercings faciales
- Sin maquillaje excesivo
- Joyas modestas

Debes llevar una camiseta tipo polo proporcionada por la escuela. Se han puesto a disposición para su compra en línea en la página web de la tienda para estudiantes y estarán disponibles para recoger el día de la fotografía. La fecha límite de compra es el 15 de octubre (la tienda para estudiantes no estará abierta para compras. Solo ventas en línea)

Los estudiantes ingresarán por en el carril lado sur, donde serán examinados y escaneados la temperatura antes de ingresar al campus según las pautas de COVID. Los estudiantes luego procederán a la ventana exterior de la tienda de estudiantes donde recogerán su camisa polo (el personal los dirigirá a las áreas).

Tendrán que ponerse el polo sobre la ropa que ya están usando porque nuestros baños no están abiertos para su uso. Los fotógrafos estarán en el gimnasio para tomar fotografías de los estudiantes y luego saldrán por la puerta del lado norte para que los padres los recojan.



PICTURE DAY

7th Grade

OCTOBER 21

A-L 12:30-2:30

M-Z 3-4:30

**by last name*

9th Grade

OCTOBER 23

A-L 12:30-2:30

M-Z 3-4:30

**by last name*

11th Grade

OCTOBER 27

A-L 12:30-2:30

M-Z 3-4:30

**by last name*

8th Grade

OCTOBER 22

A-L 12:30-2:30

M-Z 3-4:30

**by last name*

10th Grade

OCTOBER 26

A-L 12:30-2:30

M-Z 3-4:30

**by last name*

***STUDENTS MUST WEAR CIMS POLO**

PLEASE ENTER THE SOUTH FIRE LANE AND DROP OFF STUDENTS BY THE 800 BUILDING. THE DRIVER WILL CONTINUE AROUND THE BUILDING AND MEET THE STUDENT IN THE NORTH PARKING LOT. THIS IS THE SAME FORMAT THAT WAS USED FOR TEXTBOOK DISTRIBUTION.

PICTURE DAY IS COMING!

YEARBOOK/ID PICTURES WILL BE HAPPENING BY GRADE LEVEL AND DIVIDED UP BY ALPHA. STUDENTS ARE REQUIRED TO WEAR A SCHOOL POLO FOR THESE YEARBOOK PICTURES. IF A POLO NEEDS TO BE PURCHASED, PLEASE VISIT OUR SCHOOL WEBSTORE TO MAKE THAT PURCHASE PRIOR TO THE STUDENTS' PICTURE DAY. PLEASE MAKE AN ACCOUNT UNDER THE STUDENT NAME NOT THE PARENT NAME.

ONLY ONE POLO MAY BE PURCHASED PER STUDENT AT THIS TIME AND IS NONREFUNDABLE.

PURCHASED POLOS CAN BE PICKED UP IN MS. MYLES' ROOM, 804, WHEN THE STUDENT ARRIVES TO TAKE THEIR PICTURE. STUDENTS WILL NOT BE ALLOWED CHANGE INTO THEIR POLO BUT WILL NEED TO WEAR IT OVER THE SHIRT THEN COME IN.

ALL POLO PURCHASES MUST BE MADE BY OCT. 15TH. THE STUDENT STORE WILL NOT BE OPEN FOR PURCHASING POLOS THE DAY OF PICTURES.



DÍA DE FOTOS

Grado 7

21 DE OCTUBRE

A-L 12:30-2:30

M-Z 3-4:30

**por apellido*

Grado 9

23 DE OCTUBRE

A-L 12:30-2:30

M-Z 3-4:30

**por apellido*

Grado 11

27 DE OCTUBRE

A-L 12:30-2:30

M-Z 3-4:30

**por apellido*

Grado 8

23 DE OCTUBRE

A-L 12:30-2:30

M-Z 3-4:30

**por apellido*

Grado 10

26 DE OCTUBRE

A-L 12:30-2:30

M-Z 3-4:30

**por apellido*

***LOS ESTUDIANTES DEBEN USAR POLO CIMS**

INGRESE AL CARRIL DE BOMBEROS SUR Y DEJE A LOS ESTUDIANTES EN EL EDIFICIO 800. EL CONDUCTOR CONTINUARÁ ALREDEDOR DEL EDIFICIO Y SE ENCONTRARÁ CON EL ESTUDIANTE EN EL ESTACIONAMIENTO NORTE. ESTE ES EL MISMO FORMATO QUE SE

¡SE ACERCA EL DÍA DE LAS FOTOS!

LAS FOTOGRAFÍAS DEL ANUARIO / IDENTIFICACIÓN SE REALIZARÁN POR NIVEL DE GRADO Y SE DIVIDIRÁN POR ALFA. SE REQUIERE QUE LOS ESTUDIANTES USEN UN POLO DE LA ESCUELA PARA ESTAS FOTOS DEL ANUARIO. SI ES NECESARIO COMPRAR UN POLO, VISITE NUESTRA TIENDA WEB DE LA ESCUELA PARA REALIZAR ESA COMPRA ANTES DEL DÍA DE LA FOTO DE LOS ESTUDIANTES. POR FAVOR, CREE UNA CUENTA CON EL NOMBRE DEL ESTUDIANTE Y NO CON EL NOMBRE DEL PADRE.

SOLO SE PUEDE COMPRAR UN POLO POR ESTUDIANTE EN ESTE MOMENTO Y NO ES REEMBOLSABLE.

LOS POLOS COMPRADOS SE PUEDEN RECOGER EN LA HABITACIÓN DE LA SRA. MYLES, 804, CUANDO EL ESTUDIANTE LLEGA PARA TOMAR SU FOTO.

A LOS ESTUDIANTES NO SE LES PERMITIRÁ PONERSE SU POLO, PERO DEBERÁN USARLO SOBRE LA CAMISA Y LUEGO ENTRAR.

TODAS LAS COMPRAS DE POLO DEBEN REALIZARSE ANTES DEL 15 DE OCTUBRE. LA TIENDA DE ESTUDIANTES NO ESTARÁ ABIERTA PARA

Tutoring Schedule



<p>Ms Nancy Ballard</p>	<p>Science Tuesday & Thursday 12:45 pm – 1:30 pm</p> <p>Math Tuesday & Thursday 1:45 pm – 2:30 pm</p>	<p>Science class code: s6truui Math Class code: 5hdlcjn</p>
<p>Mr. Aslanyan</p>	<p>7th & 8th grade Math 7th – 12th English, Communications & Music Mondays, Wednesdays, & Fridays 2:00 pm – 2:50 pm</p>	<p>Class Code: d5yvvyv</p>
<p>Mr. Nichols</p>	<p>7th and 8th Grade Math Thursday 3-4 PM</p>	<p>Class code: 265a73v</p>
<p>Mr Marouf</p>	<p>Math Contact teacher @ smarouf@vvuhd.org</p>	
<p>Ms Oakes</p>	<p>9th & 10th Grade English: Tuesdays 3-4 PM 1st Tuesday of the month – Grammar 2nd Tuesday of the month - Punctuation 3rd Tuesday of the month – Essay thesis/claim 4th Tuesday of the month - Writing skill</p>	<p>fxyznv2b52</p>
<p>Ms Oakes</p>	<p>11th & 12th Grade English: Thursday 3-4 PM 1st Thursday of the month – Grammar 2nd Thursday of the month - Punctuation 3rd Thursday of the month – Essay thesis/claim 4th Thursday of the month – Writing skill</p>	<p>Gih3i67ded</p>

VVUHSD Teacher Tutoring & Support

HS English
TBD

MS Math

HS Math
Mr. Harring
cc: **tuosre5**

MS English
Ms. Noble
cc: **7fskkjn**

Ms. Noble
cc: **kymjbsc**

[Google Classroom Link](#)
[Ctrl+Click Here](#)
[Mon & Weds](#)

Google Classroom Link
Ctrl+Click Here!
[Mon & Weds](#)

[Google Classroom Link](#)
[Ctrl+Click Here](#)
[Tues & Thurs](#)

HS History
Mr. Smith
cc: **bn6jr34**



[Google Classroom Link](#)
[Ctrl+Click Here](#)
[Mon & Weds](#)

SPED
Ms. Hunt
cc: **u73qnb5**

Spanish
Ms. Rodriguez
cc: **srmsfv**

ELD
Ms. Rodriguez
cc: **ilpgt6r**

[Google Classroom Link](#)
[Ctrl+Click Here](#)
[Tues & Thurs](#)

[Google Classroom Link](#)
[Ctrl+Click Here](#)
[Mon & Weds](#)

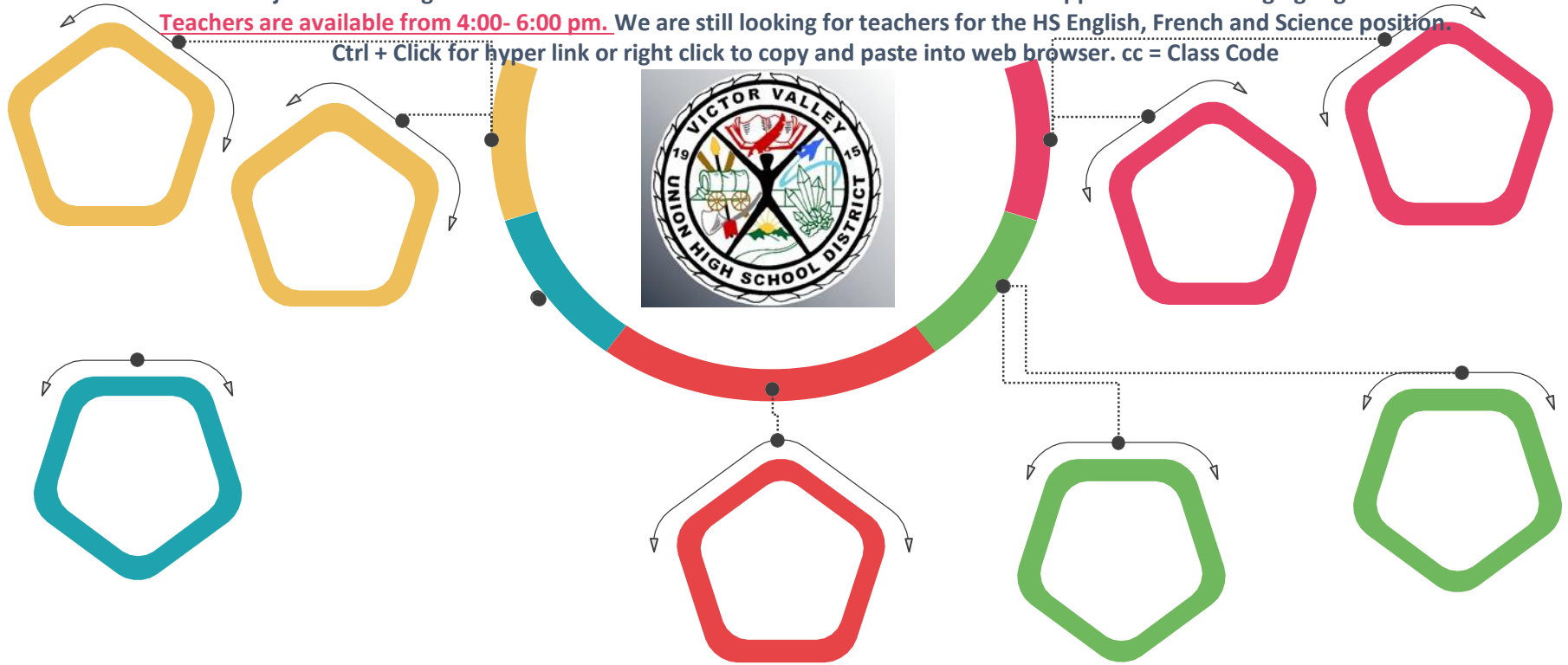
[Google Classroom Link](#)
[Ctrl+Click Here](#)
[Mon & Weds](#)

[Google Classroom Link](#)
[Ctrl+Click Here](#)
[Tues & Thurs](#)

Each Subject has a Google Classroom created for access for student access and all support will be through google meet.

Teachers are available from 4:00- 6:00 pm. We are still looking for teachers for the HS English, French and Science position.

Ctrl + Click for hyper link or right click to copy and paste into web browser. cc = Class Code





ACTION YOUTH AMERICA

VIRTUAL AFTER-SCHOOL PROGRAMS

We are thrilled to serve you for the first time this year and are extremely excited to start the new school year.

We have partnered with your school district and have developed a plan to offer the three major programs, Homework Assistance, Academic Enrichment, and Physical Fitness.

Grade Levels Served: 7th-9th Grade

PROGRAMS OFFERED BUT NOT LIMITED TO:

- ✓ Arts & Crafts
- ✓ ASL
- ✓ Cheer
- ✓ Culinary Arts
- ✓ Dance
- ✓ Coding
- ✓ Healthy Habit
- ✓ Homework Assistance
- ✓ Life Lessons
- ✓ Theater
- ✓ SEL
- ✓ S.T.E.M.

CONTACT US TO REGISTER TODAY
(888) 438-0868 OR INFO@AYA.LLC



8060 Telegraph Road
Downey, CA 90240
888.438.0868



Action Youth America / Partners of Victor Valley Union High School District





ACTION YOUTH AMERICA

PROGRAMAS EXTRACURRICULARES VIRTUALES

Estamos encantados de servirle por primera vez este año y estamos muy emocionados de comenzar el nuevo año escolar.

Nos hemos asociado con su distrito escolar y hemos desarrollado un plan para ofrecer los tres programas principales, Ayuda con las tareas, Enriquecimiento académico y Aptitud física.

Niveles de Grado Ofrecidos: 7º - 9º Grado

PROGRAMAS OFRECIDOS PERO NO LIMITADO A:

- ✓ Arte y Artesanía
- ✓ ASL
- ✓ Animar
- ✓ Artes culinarias
- ✓ Baile
- ✓ **Codificación**
- ✓ Hábito Saludable
- ✓ Asistencia Con la Tarea
- ✓ Lecciones de Vida
- ✓ Teatro
- ✓ SEL
- ✓ S.T.E.M

CONTACTENOS HOY PARA REGISTRARSE
(888) 438-0868 O INFO@AYA.LLC

Brownie Cookies

- 1 (19.8 ounce) package brownie mix
- ¼ cup all-purpose flour + 1Tbsp
- ¼ cup vegetable oil
- 3 tablespoons water
- 2 large eggs
- Preheat oven to 350 degrees F. Lightly grease a baking sheet.
- Combine brownie mix, flour, oil, water, eggs, and chocolate chips in a large bowl. Drop spoonfuls of dough 2 inches apart onto prepared baking sheet.
- Bake in preheated oven until cookies are just set, about 9 minutes. Let cool on baking sheets for 2 minutes before removing to a wire rack to cool completely.

Peanut Butter Frosting

½ cup Butter

1 heaping cup Peanut Butter (Skippy works best)

4 cups Powdered Sugar

2 tsp. Vanilla

¼ cup Milk

Beat butter and peanut butter until smooth. Slowly add powdered sugar. Add Vanilla then milk until you reach your desired consistency.



Student Name: _____ Grade: _____

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT ATHLETIC PARTICIPATION CODE

Participation in athletics in the Victor Valley Union High School District (VVUHSD) 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 regulations set up by State CIF and VVUHSD. With every privilege comes responsibility. The conduct of a VVUHSD athlete is closely observed by many people. An athlete is representative of a team, the school and the community. It is important, therefore, that a VVUHSD athlete be at all times and in all places, a gentleman or lady. Any situation not specifically covered in this code will be referred to the Athletic Director. The following rules, which are a reflection of the school's philosophy, are in effect during the school year.

Extra-Curricular Activity Eligibility Rules

Academic Eligibility – 2.0 GPA/4.0 scale all classes in previous grading period and 20 units earned. In order to allow for grades to be recorded and analyzed, eligibility or ineligibility will begin the second Monday after the nine week grading period and continue until the second Monday following the subsequent nine-week grading period. One physical education class per grading period applies toward academic eligibility.

Rules and Regulations to Participate in Sports

Prior to participation, a student athlete must complete the "OK-to-Post" procedure. An "Ok-to-Post" card will be issued by the Athletic Director when all requirements have been met and all of the paperwork has been fully completed and turned in to the Athletics Office. The student athlete gives the "OK-to-Post" card to the head coach for each sport. A separate "OK-to-Post" card is required for each sport. No athlete is permitted to participate in any extracurricular activity at any time without the coach first having possession of the athlete's "OK-to-Post".

Ok-to-Post Requirements for First Sport:

- Current sports packet completely filled out and signed by athlete and parent.
- Current sports physical signed by physician and cleared by Athletic Trainer (Physicals are good for one year).
- Proof of insurance, including company name and policy number
- Debts cleared by librarian and bookkeeper.
- ASB fee of \$35. Non-Payment of ASB fee will result in forfeiture of ASB sponsored awards such as Varsity Letters, certificates, plaques, patches, etc.). Contact Athletics for more information.
- Bring completed sports packet and most current, original report card to the Athletics Office for final processing.

Ok-to-Post Requirements for 2nd or 3rd Sport:

- Bring Ok-to-Post card from previous sport showing athlete has turned in their uniform and equipment and coach has cleared them from that sport. Students who want to participate in two sports at the same time must have written permission from both coaches and must submit those to the Athletic Director for approval.
- Take debt clearance form and most recent report card to the Athletics Office to pick up your "Ok-to-Post" card.

Try-Out Requirements:

Prior to any try-out period, the student must fulfill all Ok-to-Post requirements.

The athletic department will issue a "Try-out clearance" card, which is handed to the coach. No athlete is allowed to try out for any athletic team or participate in physical conditioning sessions at any time prior to or during the season without the coach first having in possession, the athlete's "Try-out Clearance" and "OK to Treat" cards.

The athlete shall accept the responsibility for all athletic equipment issued and will provide for its proper care, storage and return. Athletes with equipment outstanding shall be suspended from athletics until all equipment is either turned in or paid for by the athlete. Equipment will be worn at the practices and games only. On game days the team may wear jersey, jackets, ect.

An athlete must notify the coach immediately if he/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 practices (beginning from the day he/she reports – 20 days later) and quits the squad after this time, will be ineligible for another sport until the end of the season of the sport he/she quits. This would include team play-offs in CIF.

Athletes participating in athletic events where classes would be missed must clear in advance with their instructors before the event.

Each individual coach or staff will handle violation of the policies or rules established in each sport. Make sure you understand the rules.

The administration of VVUHSD, in enforcing school and district policies, may suspend or remove an athlete from participation in athletics.

Summer activity, Spring Practice and Off-Season Weight Training Programs: Students must have a physical examination, insurance, and parent consent on record in the Athletic Office in order to receive an OK-to-Participate.

INTER-DISTRICT TRANSFER ELIGIBILITY – Eligibility of incoming transferring students to the Victor Valley Union High School District shall be determined by their previous district's eligibility standards. At the end of the current grading period the student will be required to meet the Victor Valley Union High School District requirements for all subsequent grading period.



Concussion and Opioid Information Sheets



Keep The Attached Information Pages
For Future Reference.

I hereby acknowledge that I have received both the Concussion and Opioid Information sheets from my school and have read and understand their contents. I also acknowledge that if I have any questions regarding the signs, symptoms and the "Return to Learn" and Return to Play protocols for concussion protocols or Opioids I will consult with my physician.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

A STUDENT PARTICIPATING IN C.I.F. SANCTIONED SPORTS MUST MEET C.I.F. STANDARDS IN ADDITION TO ALL DISTRICT STANDARDS.

We have read, understand, and agree to abide by the above rules and regulations.

SPORT(S): _____ DATE: _____

School(s) of attendance during previous school year

Current Grade _____

Parent/Guardian Signature

Athlete Signature

The below information 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 permit to treat, athletic and school code, and general eligibility rules. The signatures will also attest that you understand and agree to the statements within the athletics and/or football 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 the VVUHSD will not recognize these forms to be complete.

(Please Print Clearly other then Signatures)

Name (Last,First,M) _____ Male / Fem Grade _____ DOB _____ / _____ / _____
Parents/Guardians: (signer) _____ (other) _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Other Cell Phone#'s _____ School _____
Athlete's Home Address _____ City _____ State _____ Zip _____
Sports (circle each) FB VB Ten CC Sw Wrest Bskb Socc Bsb Sftb T&F Cheer Golf

PRIVATE (PRIMARY) INSURANCE

Co. Name _____ Pre-authorization phone # _____
Insurance Company Address _____
Insured _____ Group# _____ Policy# _____
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 VVUHSD athletic trainers or school representative on my behalf to consent to any medical treatment deemed necessary, by any licensed physician / surgeon in the event of illness or injury to the above named minor.

This 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, and while traveling to and from the event.

If, in the judgement of any representative of the school, the above named student needs immediate care and treatment as a result of any 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 agree to 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 athletic trainer or school representative upon completion of treatment.

Parent / Guardian Signature _____ Student Signature _____ Date _____

10/14

Student Name: _____

(office use only)

Packet Expiration Date: _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

The medical history form must be completed annually by 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 participate in an athletic event as well as assist Medical personnel in the event of injury or illness.

Student's Name: _____ Sex _____

Age _____

Student ID _____

School _____ Grade _____ Date of Birth _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 5, 7, 11, or 16 may require further written medical clearance from a specialist specific to the problem in question. This must occur prior to any conditioning, practices, games, or matches.**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	9. Have you ever gotten unexpectedly short of breath with exercise? Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Do you have any allergies that would require an EpiPen?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	11. Do you have any missing or non-functioning paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> <input type="checkbox"/> Have you had high blood pressure or high cholesterol? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have a heart murmur? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Has a physician ever denied or restricted your participation in sports for any heart Problems? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Has a physician ever diagnosed you with Rhabdomyolysis or Sickle cell trait? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
7. Have you ever had a head injury or concussion? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
If yes, How many? _____ When was the last concussion? _____			<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
How severe was each one? (Explain below)					
Have you ever had a seizure? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you want to weigh more or less than you do now? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had numbness or tingling in your arms, hands, legs, or feet? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you feel stressed out? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Are you under a doctor's care for a current condition? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Females Only		
			17. When was your first menstrual period? _____		
			When was your most recent menstrual period? _____		
			How much time do you usually have from the start of one period to the start of another? _____		
			How many periods have you had in the last year? _____		
			What was the longest time between periods in the last year? _____		

Explain All Yes Answers in the Box Below:

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the VVUHSD and CIF.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

NOTE: History and Consent Must be Completed Prior to Physical Examination

Pre-participation Physical Examination

(Please Print except for signatures)

Student's Name _____ Sex: _____ Age: _____ Date of Birth: _____

Personal Physician: _____ Physicians Phone: _____ Personal Dentist: _____

Height _____ Weight: _____ Blood Pressure: / _____ Pulse: _____

Vision: (R) 20 / _____ (L) 20 / _____ Corrected Vision: Yes / No Contacts: Yes / No

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Ears	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	Nose	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Mouth	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/>	<input type="checkbox"/>	Throat	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Spleen	<input type="checkbox"/>	<input type="checkbox"/>	Spine	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>

Hernia: _____

Description of abnormal findings: _____

Orthopedic

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Shoulders	<input type="checkbox"/>	<input type="checkbox"/>
Elbows	<input type="checkbox"/>	<input type="checkbox"/>	Wrists	<input type="checkbox"/>	<input type="checkbox"/>
Hands	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>
Hips	<input type="checkbox"/>	<input type="checkbox"/>	Knees	<input type="checkbox"/>	<input type="checkbox"/>
Ankles	<input type="checkbox"/>	<input type="checkbox"/>	Feet	<input type="checkbox"/>	<input type="checkbox"/>

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 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 & Address of Physician:

Date of Examination: _____

Physician's Signature: _____

Physician Lic. # _____

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.



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

PARENT INFORMED CONSENT

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

All Sports

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 instructions, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves 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 impairment 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 your school 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 - PRINT

Grade

Student Signature

Date

Parent/Guardian Signature

Date



Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the Victor Valley Union High School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

The Board of Education believes extracurricular activities are necessary to supplement the curriculum of the school and to provide meaningful and educational experiences for each student. Since participation in athletics is voluntary and all groups or organizations must exist within a framework of certain policies, rules, and regulations, the athletic department has developed the following policies:

- A. All athletes must abide by all regular school policies as designated by the district's Athletic Department Code of Conduct form, and the High School Athletic Association. All athletes and coaches must adhere to these policies during the full duration of their season including all conditioning sessions and the post-season competitions (play-offs).
- B. 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.
- C. All athletes shall report any injuries or illness to their respective coaches immediately upon occurrence.
- D. Before athletes are permitted to engage in any practice, they must have on file with the athletic director the following:
 1. Emergency medical release forms
 2. Completed physical examination and Health History forms
 3. Insurance or proof of purchase of school insurance
 4. Helmet waiver (football only)
 5. Personal information form
 6. Concussion Information
 7. Both VVUHSD and CIF Code of Conduct declarations
- E. 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 or recognition.
- F. 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.
- G. Athletes who are under any type of medication shall have on file with the coach (or athletic director) a note from the parent/guardian and/or doctor.
- H. All athletes shall abide by all regular school policies and by the code on student suspensions, expulsions, and removals that was adopted by the Board of Education.
- I. 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 of the violations (misdemeanors vs. Felonies), consequences for such involvement may result in a minor reprimand or denial of participation depending upon the nature of the offense.

J. Athletes shall abide by additional rules and regulations presented normally to all team members of a particular sport by the coaches. It is the policy of the athletic department to prohibit the use, by students, of any tobacco product, alcoholic product, or drug not prescribed by a physician. For any violation, the following consequence will be assessed:

1. First Offense: The athlete will be denied participation in competitions (with required practice) beginning with the scheduled competition following the offense AFTER any school imposed discipline, and concluding after twenty percent of that season's competitions have taken place.
2. Second Offense: Dismissal from that sport season without gaining awards or recognition.
3. Third Offense: The athlete will be denied participation in all athletic programs for the academic year.

The athletic department also identifies the following stipulations:

1. Consequences for the use of alcoholic beverages shall also be enforced under the code on student suspensions, expulsions, and removals.
2. Since state law prohibits purchase and consumption of alcoholic beverages by minors, law enforcement and legal ramifications may exist.
3. 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 sale of, or purchase of, illegal drugs.

It is the policy of the athletic department and coaching staff that any action taken by a coach, under the general rules and regulations, against an athlete can result in an indefinite suspension of the athlete from that team. An 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 athlete in violation. In the event of any infraction of these policies or rules, the following procedures will take place:

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

We have read and understand the above rules and regulations related to the athletic department's Code of Conduct and will abide by them. We also understand the consequences and penalties for these rules and regulations if they are violated.

Student Athlete's Printed Name

Student Athlete's Signature

Date

Parent's Printed Name

Parent's Signature

Date

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) indicating that they have read and understand *Section 44811 of the California Education Code*. This form should be returned to the athletic office along with the Athletic Packet.

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 other 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's Signature

Date

Parent's Signature

Date

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their play-

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

ing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning

or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

Student/Athlete Signature

Student/Athlete Printed Name

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

For more information about Sudden Cardiac Arrest visit

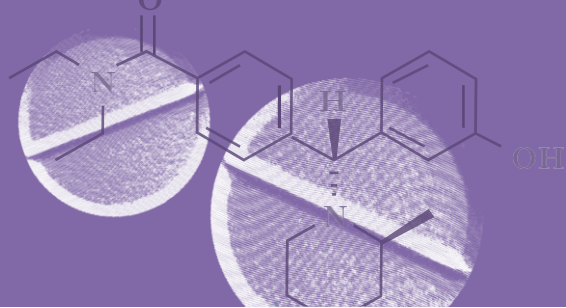
California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>



PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

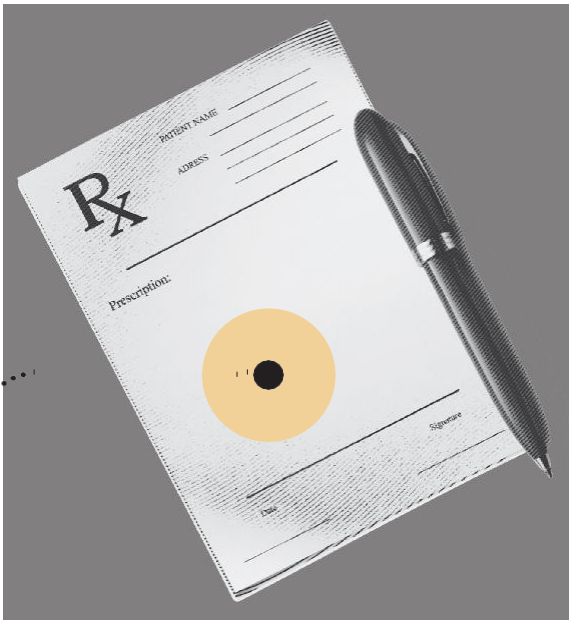


American Hospital
Association®

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed! ◀

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ___ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



Concussion Information Sheet



Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

- | | |
|--|---|
| <ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly | <ul style="list-style-type: none">• Slurred speech• Shows a change in personality or way of acting• Can't recall events before or after the injury• Seizures or has a fit• Any change in typical behavior or personality• Passes out |
|--|---|

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or throws up• Neck pain• Has trouble standing or walking• Blurred, double, or fuzzy vision• Bothered by light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Loss of memory• "Doesn't feel right"• Tired or low energy• Sadness / Depressed• Nervousness or feeling on edge• Irritability• More emotional• Confused• Concentration or memory problems• Repeating the same question/comment |
|--|--|

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law that became effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

Please Keep This Concussion Information Sheet for Future Reference.