

|   |        |                    |          |                          |          |       |
|---|--------|--------------------|----------|--------------------------|----------|-------|
| Name  |        |                    |          | Birth date               |          |       |
| Address                                     |        |                    |          | Grade Track              |          |       |
| School Last Fall                            |        | School Last Spring |          | Date Entered Ninth Grade |          |       |
| I am participating in the following sports: | Fall 1 | Nurse              | Winter 1 | Nurse                    | Spring 1 | Nurse |
|   | Fall 2 | Nurse              | Winter 2 | Nurse                    | Spring 2 | Nurse |



**CIF LOS ANGELES CITY SECTION  
GRANADA HILLS CHARTER HIGH SCHOOL (8681)**

**ATHLETE'S ELIGIBILITY INFORMATION AND PARENT'S CONSENT  
TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS**

|                     |
|---------------------|
| Current School Year |
|---------------------|

As a member of a high school team you have many responsibilities. Among them is remaining eligible or reporting your ineligibility immediately should it occur. The Rules and Regulations Governing Interscholastic Athletics states, "If a school plays an ineligible student, knowingly or unknowingly, in any athletic contest involving team sports – all contests in which the student participated must be forfeited; In individual sports – only the points which the student won must be forfeited." Summarized below are the eligibility rules which you must observe:

1. Only students who are amateurs may participate in athletic contests.
2. Students on high school teams become ineligible if they play on "outside" teams, in the same sport, during their high school season of the sport.
3. For the purpose of this rule, outside competition is prohibited from the opening contest (scrimmage) until the final contest of that sport (league, playoff, or state competition) in which that school is involved, both dates inclusive. The prohibition on playing on outside teams applies to school holidays and vacation periods which occur during the season of the sport.
4. To be eligible for an athletic contest a student must be in attendance at school for at least two class hours on the day of the contest exclusive of the lunch hour and the athletic period. A student who is currently enrolled in at least 20 semester periods of work and passed in at least 20 semester periods of work at the completion of the last regular school marking period is scholastically eligible until the completion of the current regular school marking period.
5. The legal residence of a student who represents a high school in athletics must have been in the high school district of that school when registering as an entering student. Any student who registers in a school other than the one in whose district the student legally resides is ineligible to represent that school in athletics unless attending on a permit which carries athletic privileges or on a Statement of Residence. If a Statement of Residence is on file, a student is ineligible to compete in athletics until 20 weeks of attendance have been completed in the new school.
6. Students who knowingly fail to provide complete and accurate information regarding eligibility to participate in athletics shall be declared ineligible to represent their school in any sport for one year following the date of the discovery of the offense.
7. When a bus is furnished to transport athletic teams to contests, only those participants traveling by bus will be eligible to compete. Students assigned to bus travel must return by bus.

**PLEASE SIGN THE FOLLOWING AFFIRMATION:** I am aware of my responsibilities and the regulations governing my participation in connection with the Interscholastic Athletic program. I will so govern myself that my association with the program will bring honor to it and my school, and I shall expect to be asked to withdraw from the activity in case I fail to do so. I agree to withdraw from the activity if requested to do so. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my being declared ineligible.

**PLEASE SIGN THE FOLLOWING AFFIRMATION:** I hereby grant permission for the above named student-athlete to participate in interscholastic baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track and field, volleyball, wrestling, cheer, dance team, drill team, and marching band including travel to and from athletic contests at other schools or locations. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my student-athlete being declared ineligible.

|                           |      |                  |      |
|---------------------------|------|------------------|------|
|                           |      |                  |      |
| Student-Athlete Signature | Date | Parent Signature | Date |

**ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION**

We are aware that play/participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY. We understand that the risks and dangers include, but are not limited to, death or paralysis, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. We understand that the dangers and risks of participating in sport(s) also include the high cost of medical care and impairment of the athlete's future ability to earn a living, and engage in other business, social, and recreational activities. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at **Granada Hills Charter High School**.

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, as well as obeying such instructions.

**Both the applicant student and a parent or guardian must read carefully and sign. If there are any questions, contact the Athletic Director or the Administrator in Charge of Athletics at (818) 360-2361.**

|                           |      |                  |      |
|---------------------------|------|------------------|------|
|                           |      |                  |      |
| Student-Athlete Signature | Date | Parent Signature | Date |

Birth Date

STUDENT'S NAME

**ATHLETIC INSURANCE CERTIFICATE:** The governing board of each school district of any kind or class shall provide insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least one thousand five hundred dollars (\$1,500) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code, for injury to members of athletic teams arising while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other places of instruction and the place of the athletic event. *Calif. Ed. Code, Vol 1, Part 19, Chapter 2, Article 3, Section 32221 (pgs. 1004, 1005, 1006), Revised 1979, Amended 1980.* One thousand five hundred dollars (\$1,500) insurance protection for medical and hospital expenses resulting from accidental bodily injuries must be provided for each member of an athletic team by the student or his/her parents or guardians through group, blanket policies, etc., or through the insurance carrier for the District. **I certify that this student has at least \$1,500 protection for medical and hospital expenses with**

|                                  |                               |
|----------------------------------|-------------------------------|
|                                  |                               |
| <b>Name of Insurance Carrier</b> | <b>Policy or Group Number</b> |

to cover injuries incurred while participating in, practicing for, or traveling to and from extramural contests. I understand that the insurance requirement may be met by purchase of School District approved insurance coverage. **I have read and understand the rules above. I hereby grant permission for my son/daughter to participate in interscholastic athletics under these rules.**

|                         |             |
|-------------------------|-------------|
|                         |             |
| <b>Parent Signature</b> | <b>Date</b> |

### CODE OF CONDUCT FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship ((the "Six Pillars of Character"). This code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

#### TRUSTWORTHINESS

*Trustworthiness* – be worthy of trust in all I do.  
*Integrity* – live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.  
*Honesty* – live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike act.  
*Reliability* – fulfill commitments; do what I say I will do; be on time to practices and games.  
*Loyalty* – be loyal to my school and team; put the team above personal glory

#### RESPECT

*Respect* – treat all people with respect all the time and require the same of other student-athletes.  
*Class* – live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.  
*Disrespectful Conduct* – don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.  
*Respect Officials* – treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic contest.

#### CARING

*Concern for others* – demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.  
*Teammates* – help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

#### RESPONSIBILITY

*Importance of Education* – be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.  
*Role-Modeling* – Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. *Suspension or termination of the participation privilege is within the sole discretion of the school administration.*  
*Self-Control* – exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.  
*Healthy Lifestyle* – safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.  
*Integrity of the Game* – protect the integrity of the game; don't gamble. Play the game according to the rules.

#### FAIRNESS

*Be Fair* – live up to high standards of fair play; be open-minded; always be willing to listen and learn.

#### CITIZENSHIP

*Play by the Rules* – maintain a thorough knowledge of and abide by all applicable game and competition rules.  
*Spirit of Rules* – honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

**I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.**

|                                  |             |                         |             |
|----------------------------------|-------------|-------------------------|-------------|
|                                  |             |                         |             |
| <b>Student-Athlete Signature</b> | <b>Date</b> | <b>Parent Signature</b> | <b>Date</b> |

**STUDENT MAY ONLY BE RELEASED TO PERSONS LISTED ON THIS CARD**

**EMERGENCY INFORMATION CARD**

Student's ID: \_\_\_\_\_

|   |       |                           |  |                             |
|---|-------|---------------------------|--|-----------------------------|
| Student's Last Name   |       | First Name                |  | Middle Name                 |
| Birth Date  | Grade | Home Language             |  | Home Phone                  |
| Address   |       | City, State               |  | Zip Code                    |
| Father/Guardian's Last Name   |       | First Name                |  | Mother/Guardian's Last Name |
|   |       |                           |  | First Name                  |
| Father/Guardian's Address   |       | Mother/Guardian's Address |  |                             |
| Home Phone  |       | Home Phone                |  |                             |
| Work Phone  |       | Work Phone                |  |                             |
| Cell Phone  |       | Cell Phone                |  |                             |
| Email   |       | Email                     |  |                             |
| In case of an emergency during school activities:<br><b>Student's Cell Phone Number</b> |       |                           |  |                             |

**In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my Student to any of the following:  
(Student will not be released to anyone under the age of 18.)**

|            |              |
|------------|--------------|
| Name       | Relationship |
| Home phone | Cell phone   |
| Name       | Relationship |
| Home phone | Cell phone   |
| Name       | Relationship |
| Home phone | Cell phone   |
| Name       | Relationship |
| Home phone | Cell phone   |

**In signing below, I verify that the information provided above is true and accurate, and that I have read the California Education Code Sections (located on the back) relating to a parent's rights and certain school activities. I understand that my student will only be released to persons listed on this card.**

X Signature of Parent/Guardian

Date

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

The undersigned, legal custodian of, \_\_\_\_\_, a minor, hereby authorizes the executive director or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization complies with the provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Granada Hills Charter High School, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

Student's Physician Name \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Medical Record Number/Group Number \_\_\_\_\_

Medical Problems \_\_\_\_\_

Medication Used \_\_\_\_\_

My student is allergic to the following \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN**

X

Date

**FOR SCHOOL OFFICE USE ONLY**

Student released to: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Release Time: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Employee Name and Signature: \_\_\_\_\_

# GRANADA HILLS CHARTER HIGH SCHOOL

## Concussion Information Sheet

### **What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

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Student-athlete Name Printed

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Student-athlete Signature

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Date

---

Parent or Legal Guardian Printed

---

Parent or Legal Guardian Signature

---

Date



## Granada Athletics Media Release

I hereby agree and give my permission for Granada Hills Charter High School to record, film, photograph, audiotape or videotape my name, image, likeness, spoken words, and performance, in any form (hereinafter referred to as “Works”) and to display, publish, distribute or exhibits these Works of any part thereof for the purpose of and in connection with any material that may be created by Granada Hills Charter High School including, without limitation, for posting on the Granada Hills website and/or for broadcasting on television or other media outlets.

I hereby further agree that Granada Hills Charter High School is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Granada Hills Charter High School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, cost, claims and/or causes of action arising out of or related to me/my son/daughter’s participation in any media events, including, without limitation, television broadcast, web broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its term. I sign it voluntarily and with full knowledge of significance.

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Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Students Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents/Guardian’s Name: \_\_\_\_\_

Parents/ Guardian’s Signature: \_\_\_\_\_

Sport: \_\_\_\_\_ Date: \_\_\_\_\_

# 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

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S 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>





## **3Rs 24/7 Code of Conduct**

Student Athletes wishing to participate in Athletics at Granada Hills Charter High School must read this agreement with their Parent or Guardian and both Student Athlete and Parent must sign this agreement as a portion of the “eligibility to participate in GHCHS Athletics”.

Signing this **3Rs 24/7** Code of Conduct documents awareness and commitment to uphold the following:

- **Respect Yourself- No Drugs, Alcohol, or Steroids**
- **Respect Others- No Hazing, Bullying, or Fighting**
- **Respect Your School- No Vandalism, Tagging, or Stealing**

GHCHS is committed to pursuing an Athletic Program that supports the above principles. Participation on GHCHS sports teams is a privilege and conduct that violates the above principles endanger others and reflects negatively on GHCHS. Therefore, GHCHS has Zero Tolerance for any activity, **on or off** the campus that inflicts harm physically, mentally, or emotionally, to the individual, others, or to GHCHS.

There will be mandatory meetings for student athletes, coaches, and parents throughout the year supporting these principles and providing helpful information to help sustain the commitment to these principles on and off the field of play.

I have read, and support the **3Rs 24/7**. By signing this document, I agree to adhere to these principles. I am aware that signing this document is a requirement for Athletic Eligibility. I realize that failure to adhere to these principles may result in suspension, expulsion, and/or becoming ineligible to participate in Athletics at GHCHS. Any decision to remove a student from a team because of a violation of the 3Rs Code of Conduct is final.

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_