

Name:		Date of Birth:	
Address:		Grade:	
School Last Fall:	School Last Spring:	Date Entered Ninth Grade:	
I am participating in the following sports:	Fall:	Winter	Spring



Pasadena Unified School District ATHLETIC CLEARANCE

Current School
Year
2016-2017

HIGH SCHOOL

Mission Statement

The PUSD Athletic Department believes that athletic and extracurricular participation improves our student's lives and provides the foundation for academic excellence. The PUSD Athletic Department is composed of four High Schools:



Blair H.S.,

John Muir H.S.,

Marshall Fundamental H.S.,

Pasadena H.S.

As a parent or guardian of Pasadena Unified School District, we value your participation in our sports program. We believe you are a valuable stakeholder in the extra-curricular programs offered to our students at all of our high schools: Blair, John Muir, Marshall Fundamental, & Pasadena High. We welcome your involvement and willingness to do the hard work that is necessary to reach the level of excellence our students deserve. The CIF, as the governing body of high school athletics, affirms that athletic competition is an important part of the high school experience and that participation in interscholastic athletics is a privilege. **Athletic Clearance: The following steps must be taken to secure athletic clearance and participation at any Pasadena Unified School District high school. Complete and sign every part of this application. All the materials must be presented to your high school Athletic Director and be on file in that person's office. No "try-outs," practice, or participation of any kind may take place prior to receiving approval from the high school Athletic Director. By CIF rule, information provided by the student or his/her parent which proves to be false may result in the loss of athletic eligibility.**

1. Please remember that to be academically eligible for participation in any sport the student must have earned a minimum of 2.0 or "C" grade following the posting of grades to the schools from the last grading period.
2. Complete a physical examination. Under California Education Code, an athletic physical is valid for a period of 12 months from the date given. If physical expires during a given season, a new physical must be done prior to that season.
3. Complete the Emergency Medical Information and Transportation Permit. Complete the Waiver & Release of liability and indemnity agreement and assumption of risk for participation in voluntary extracurricular athletics.
4. CIF-SS Victory with Honor program which includes Steroids Awareness & Athlete Code of Conduct.
5. Complete the CIF-SS Concussion information sheet Concussion Awareness & information sheet Sudden Cardiac Arrest Awareness.

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

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; Summarized below are the CIF 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 in 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 up to twenty four months following the date of the discovery of the offense.

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

PLEASE SIGN THE FOLLOWING AFFIRMATION: Student participation in athletic contests is a privilege. As a student athlete, you are expected to conduct yourself in an exemplary manner at all times. During participation in all CIF competition, a student who is ejected or disqualified from participating in the remainder of said contest will be ineligible for the team's next contest. In addition, any student who physically assaults a game and/or an event official shall be banned from interscholastic athletics for the remainder of the student's interscholastic eligibility. Student athletes will be requested to sign a "Code of Conduct", based on the principles of "Pursuing Victory with Honor" at the beginning of the sport season. 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 & extra-curricular: badminton, baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track and field, volleyball, water polo, 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

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal Physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ Phone (W) _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

- | | Yes | No | | | | | |
|--|--------------------------|--|-----------|-------|------------|---------------|------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 9. Has a doctor ever told you that you have (check all that apply): | | | | | | | |
| <input type="checkbox"/> High blood pressure | | <input type="checkbox"/> A heart murmur | | | | | |
| <input type="checkbox"/> High cholesterol | | <input type="checkbox"/> A heart infection | | | | | |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/ Fingers | Chest |
| Upper Back | Lower Back | Hip | Thigh | Knee | Calf/ Shin | Ankle | Foot/ Toes |
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| FEMALES ONLY | | |
| 47. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? _____ | | |
| 49. How many periods have you had in the last 12 months? _____ | | |
| Explain "Yes" answers here: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____ , ____ / ____)

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student's Name

Should it be necessary for my child/ward to have medical treatment while participating in this trip/sport, I hereby give the Pasadena Unified School District personnel permission to use their judgment in obtaining medical services for my child/ward and I give permission to the physician selected by the District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District has no insurance covering such medical and hospital costs incurred by my child/ward and therefore any costs for such treatments shall be my sole responsibility.

Parent/Guardian Signature of Approval
MEDICAL AUTHORIZATION

Parent/Guardian (please print)

Address

Home Telephone

Business Telephone

Cell or Emergency Telephone

Date

_____ PLEASE CHECK IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT FOR YOUR CHILD/WARD ARE ON FILE AT Nurse's Office of SCHOOL OF ATTENDANCE.

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 five thousand dollars (\$5000) 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 I, Part 19, Chapter 2, Article 3, Section 32221 (pgs. 1004, 1005, 1006), Revised 1979. Amended 1980.* Five thousand dollars (\$5000) 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 five thousand dollars (\$5000) protection for medical and hospital expenses with**

Name of Insurance Carrier (A valid copy of the Insurance Card must be attached to this form.)

Policy or Group Number

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.**

Parent/Guardian Signature

Date

Name	Date of Birth	Attach a valid copy of your Insurance Card Here
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ATHLETIC PARTICIPATION CODE OF CONDUCT, AND STEROID PROHIBITION FOR INTERSCHOLASTIC STUDENT-ATHLETES, ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION



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

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.

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.

RESPONSIBILITY

Importance of Education - be a student first and commit to getting the

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.

CARING

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.

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.

CIF BYLAW 524 / STEROID PROHIBITION

By signing below, the participating student-athlete and their parent(s) or legal guardian(s) / caregiver(s) hereby agree that the student shall not **USE OF ALCOHOL, TOBACCO, AND ILLEGAL DRUGS.** Athletes are prohibited from using any form of alcohol, tobacco, or illegal drugs at the playing site of an interscholastic contest. The penalty is disqualification from that contest. In addition, students and parents agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician to treat a medical condition. The prescription is from a fully licensed physician (as recognized by the

American Medical Association (AMA)) to treat a medical condition. We also recognize that under CIF Bylaw 200.D. There could be penalties for false or fraudulent information. We also understand that the CIF Sothern Section policy regarding the use of illegal drugs will be enforced for any violations of these rules.

ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION

By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. I realize that this activity is voluntary and is not a mandated requirement of the Pasadena Unified School District curriculum for which academic credit may be given. The undersigned is specifically aware and confirms by executing this document that they are aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is specifically aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all claims or actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any claims or actions or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action. .

I/we further warrant and promise to bind myself/ourselves, jointly and severally, my/our heirs, administrators and executors to repay to the Pasadena Unified School District or its assigns, any sum of money that may be subsequently expended by the District to defend, indemnify, or settle any claims or lawsuits arising out of any injuries or property damage or death regarding my/our son's/daughter's participation in said voluntary activity.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or

wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this

instrument. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at _____

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. **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.**

Student-Athlete Signature	Date	Parent Signature	Date

CIF 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: *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.*

1. *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.*
2. *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.*
3. 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.

1. ***Most concussions get better with rest and over 90% of athletes fully recover.*** However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.
2. ***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, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.***
3. 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 improvement.
4. 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 for your

child. 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 research 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 may 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:

- Looks dizzy
- Slurred speech
- Looks spaced out
- Shows a change in personality or way of acting
- Confused about plays
- Can't recall events before or after the injury
- Forgets plays
- Seizures or has a fit
- Is unsure of game, score, or opponent
- Any change in typical behavior or personality
- Moves clumsily or awkwardly
- Passes out
- Answers questions slowly

Symptoms may include one or more of the following:

- Headaches
- Loss of memory
- “Pressure in head”
- “Don't feel right”
- Nausea or throws up
- Tired or low energy
- Neck pain
- Sadness
- Has trouble standing or walking
- Nervousness or feeling on edge
- Blurred, double, or fuzzy vision
- Irritability
- Bothered by light or noise
- More emotional
- Feeling sluggish or slowed down
- Confused
- Feeling foggy or groggy
- Concentration or memory problems
- Drowsiness
- Repeating the same question/comment
- Change in sleep patterns

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, and 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. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. 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, unless your doctor makes other recommendations. 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 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 had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child. *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>

CIFSTATE.ORG 05/2015 CIF

School: Pasadena Unified School District

CIF Concussion 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).

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

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

I acknowledge that I have received and read the CIF Concussion Information Sheet.

Student-Athlete Signature	Date	Parent Signature	Date

10932 Pine Street
Los Alamitos, California 90720



Telephone: 562-493-9500
Fax: 562-493-6266

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 _____ (school/school district name) 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.

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 playing 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.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

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

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>



Mantenga su corazón en el juego

Una ficha informativa acerca del Paro Cardíaco Repentino para atletas y sus padres/tutores

¿Qué es el Paro Cardíaco Repentino?

El Paro Cardíaco Repentino (PCR) sucede cuando el corazón súbita e inesperadamente deja de latir. Cuando esto sucede, se detiene el flujo sanguíneo hacia el cerebro y otros órganos vitales. El PCR *no* es un paro cardíaco. Un paro cardíaco es causado por una obstrucción que detiene el flujo sanguíneo hacia el corazón. El PCR es una falla en el sistema eléctrico del corazón que hace que la víctima se colapse. Un defecto genético o congénito en la estructura del corazón es la causa de la falla.

¿Qué tan común es el PCR en los Estados Unidos?

Por ser la principal causa de muerte en los EE. UU. cada año suceden más de 300,000 paros cardíacos lejos de los hospitales, de los que nueve de cada diez son mortales. Miles de jóvenes son víctimas de los paros cardíacos repentinos por ser la segunda causa de muerte en menores de 25 años y la principal razón por la que mueren los atletas adolescentes durante el ejercicio.

¿Quién corre el riesgo de sufrir un paro cardíaco repentino?

Los atletas adolescentes corren más riesgo de sufrir un paro cardíaco repentino debido a que tiende a suceder durante el ejercicio o la actividad física. Aunque una enfermedad cardíaca no siempre demuestra signos de advertencia, los estudios demuestran que muchos jóvenes sí tienen síntomas pero no se lo dicen a un adulto. Esto puede ser porque les da pena, no quieren que los saquen de un partido, creen erróneamente que les falta condición física y solamente necesitan entrenar más, o simplemente ignoran los síntomas y suponen que "desaparecerán." Algunos factores de antecedentes clínicos también aumentan el riesgo de que suceda un PCR.

**EL COLAPSO
ES EL
SÍNTOMA #1
DE LA ENFERMEDAD CARDÍACA**

¿Qué debe hacer si su atleta adolescente padece alguno de estos síntomas?

Debemos informarles a los atletas adolescentes que si padecen cualquier síntoma del PCR, es de suma importancia avisarle a un adulto y consultar con un médico de cabecera lo antes posible. Si el atleta presenta cualquiera de los factores que incrementan el riesgo de que suceda un PCR, deberá consultar a un médico para ver la posibilidad de que se le hagan más pruebas. Espere la respuesta del médico antes de que su adolescente vuelva a jugar y además, avise a su entrenador y a la enfermera escolar de cualquier afección diagnosticada.

¿Qué es un DESA?

La única manera de salvar a una víctima del paro cardíaco repentino es con un desfibrilador externo semiautomático (DESA). Un DESA es un aparato portátil y fácil de utilizar que automáticamente diagnostica ritmos cardíacos potencialmente mortales y

administra un impulso eléctrico para restaurar el ritmo normal. Cualquiera puede utilizar un DESA hasta sin capacitación previa. El aparato cuenta con instrucciones en audio que indican cuándo deben presionar un botón para administrar el impulso eléctrico, mientras que existe otro tipo de DESA que administra un impulso automático al detectar un ritmo cardíaco mortal. Un socorrista no puede lesionar accidentalmente a la víctima con un DESA, más bien, entrar

en acción rápido ayuda. El DESA está diseñado para administrar el impulso eléctrico únicamente a las víctimas cuyos corazones necesitan restaurarse a un ritmo cardíaco saludable. Infórmese acerca de la ubicación de un DESA en su escuela.



La cadena de supervivencia cardíaca

En promedio, los equipos de servicios médicos de emergencia tardan 12 minutos en llegar en caso de emergencias cardíacas. Cada minuto que no se atiende a una víctima de PCR reduce la posibilidad de supervivencia en un 10 %. Todos debemos estar preparados para entrar en acción tras los primeros minutos después de un colapso.

Reconocimiento inmediato de un Paro Cardíaco Repentino



La víctima se ha colapsado y no responde. Está gorgoteando, resoplando, gimiendo, le falta el aliento o tiene dificultad al respirar. Se comporta como si le estuviera dando una convulsión.

Llamada inmediata al 9-1-1



Confirme pérdida de conciencia. Llame al 9-1-1 y siga las indicaciones del operador. Llame a quien le pueda ayudar con la emergencia médica ahí mismo.

RCP inmediata



Comience la reanimación cardiopulmonar (RCP) inmediatamente. La RCP con solo las manos se hace con compresiones torácicas de 5 cm rápidas, como 100 por minuto.

Desfibrilación inmediata



Consiga y utilice inmediatamente un desfibrilador externo semiautomático (DESA) para restaurar el ritmo cardíaco saludable. Las unidades portátiles de DESA cuentan con indicaciones paso por paso para que cualquier persona las pueda usar en situaciones de emergencia.

Apoyo vital inmediato



El personal de los servicios médicos de emergencia comienza el apoyo vital avanzado, incluso las medidas de resucitación y traslado a un hospital.

Mantenga su corazón en el juego Page 16

Reconozca los factores de riesgo y los signos de advertencia del Paro Cardíaco Repentino (PCR)

Dígale al entrenador y consulte a su médico si su atleta adolescente padece estos síntomas

Posibles indicadores de que podría suceder un PCR

- Colapso o convulsiones, especialmente justo después de ejercitarse
- Colapso frecuente, o por emoción o susto
- Falta excesiva de aliento durante el ejercicio
- Taquicardia o palpitaciones, o ritmo cardíaco irregular
- Mareo o aturdimiento frecuente
- Dolor o malestar en el pecho al ejercitarse
- Fatiga excesiva e inesperada durante o después del ejercicio

Factores que incrementan el riesgo de que suceda un PCR

- Un historial clínico familiar de anomalías cardíacas conocidas o muerte repentina antes de los 50 años
- Un historial clínico familiar específico con casos del síndrome del QT largo, síndrome Brugada, miocardiopatía hipertrófica o displasia arritmogénica del ventrículo derecho (DAVD)
- Familiares que han sufrido sin explicación, colapsos, convulsiones, un accidente automovilístico, que se han ahogado o han estado a punto de ahogarse
- La presencia de una anomalía estructural del corazón, reparada o no reparada
- El consumo de enervantes tales como cocaína, inhalantes, drogas "recreativas," bebidas de energía en exceso, y sustancias o suplementos para mejorar el rendimiento

¿Qué hace la CIF para fomentar la protección de los atletas adolescentes?

California Interscholastic Federation (CIF) enmendó sus estatutos para poder incluir lenguaje que incluye capacitación acerca del PCR como requisito en la certificación de entrenadores deportivos. Además, esto ayuda a incluirla en el protocolo de entrenamiento y juego para que los entrenadores tengan la autoridad de sacar del juego a un atleta adolescente que se colapse, ya que éste es uno de los principales signos de advertencia de que existe una afección cardíaca. El atleta adolescente que haya sido suspendido de un juego después de mostrar signos o síntomas asociados con un PCR, no puede volver a jugar hasta que un médico certificado le haya evaluado y aprobado. Se les insta a los padres, tutores y cuidadores a que hablen con sus atletas adolescentes acerca de la salud del corazón. Igualmente, todos aquellos que están involucrados de alguna manera con deportes entre el noveno y doceavo grado, deben familiarizarse con la cadena de supervivencia cardíaca para que estén preparados en caso de una emergencia cardíaca.

He leído y entendido los síntomas y los signos de advertencia del PCR y el nuevo protocolo de la CIF para incluir medidas para prevenir que suceda un PCR dentro del programa deportivo de mi estudiante.

FIRMA DEL ATLETA ADOLESCENTE

NOMBRE DEL ATLETA ADOLESCENTE

FECHA

FIRMA DEL PADRE/ TUTOR

NOMBRE DEL PADRE/ TUTOR

FECHA

Para mayor información acerca del Paro Cardíaco Repentino, consulte

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

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

National Federation of High Schools
(video de capacitación de 20 minutos)
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