

Fall

Winter

Spring

Sports Program Information

2023-2024



Table of Contents

- A. Coaches Informational Checklist
- B. CIF Approved Sports
- C. Volunteer Information & Requirements
- D. City of Oxnard Youth Sports Information
- E. Field Trip or Excursion Authorization Form
- F. Extracurricular Event Assumption of Risk Form
- G. Pre-Participation Physical Form
- H. First Aid, CPR & AED Training for Coaches
- I. OSD Board Policy
- J. Code of Conduct
- K. VCSSFA Best Practices for Coaching Standards
- L. VCSSFA Recommendations for Safety in Competitive Athletics and Sports Clubs
- M. VCSSFA Best Practices for Cheerleading
- N. AACCA School Cheer Safety Rules
- O. VCSSFA Best Practices for Concussion Management
- P. Concussion Related Forms
- Q. VCSSFA Best Practices for Sudden Cardiac Arrest Management
- R. Sudden Cardiac Arrest Related Forms
- S. Heat Illness Parent Acknowledgement
- T. Opioids Parent Acknowledgement
- U. Steroid Parent Acknowledgement
- V. Sports Physical Contact Parent Acknowledgement
- W. Student Medication Parent Acknowledgement
- X. VCSSFA Best Practices for Student Transportation
- Y. VCSSFA Best Practices for Pregnant Athletic & Participation
- Z. Student Injury Procedures & Form



2023-2024 School Year

The enclosed Sports Binder is to provide coaches with OSD board policies, best practices, procedure and forms to assist with OSD sports programs.

Enclosed please find MANDATORY information/requirements for all prospective OSD Coaches.

All prospect coaches must meet the following requirements:

- ✓ Agree to and sign a Code of Ethical Conduct
- ✓ Agree to follow all applicable school board policies
- ✓ Background Clearance
- ✓ Concussion Training
- ✓ CPR/AED Certification
- ✓ First Aid Certification
- ✓ Heat Illness Training
- ✓ Must be at least 21 years of age.
- ✓ Sudden Cardiac Arrest Training
- ✓ Tuberculosis Clearance
- ✓ Use of Volunteer Request Form – HR Approval Required

All requirements MUST be completed before ANY coach steps onto campus for any sport(s)
(NO EXCEPTIONS)

Sport Coach Training Requirements

Sudden Cardiac Arrest Training – Every 2 years

[CLICK HERE](https://nfhslearn.com/courses/sudden-cardiac-arrest)

<https://nfhslearn.com/courses/sudden-cardiac-arrest>

[CLICK HERE](https://www.cifstate.org/sports-medicine/sca/index)

<https://www.cifstate.org/sports-medicine/sca/index>

Concussion Training – Every 2 years

[CLICK HERE](https://nfhslearn.com/courses/concussion-in-sports-2)

<https://nfhslearn.com/courses/concussion-in-sports-2>

Heat Illness Coaches Training – Annually

[CLICK HERE](https://nfhslearn.com/courses/heat-illness-prevention-2)

<https://nfhslearn.com/courses/heat-illness-prevention-2>

[CLICK HERE](https://www.cdc.gov/nceh/hsb/extreme/Heat_Illness/index.html)

https://www.cdc.gov/nceh/hsb/extreme/Heat_Illness/index.html

Student and Parent/Guardian Acknowledgments

Form(s)	Frequency
Acknowledgement & Assumption of Potential Risk	Annually
Concussion Acknowledgement	Every two years
Field Trip/Excursion Authorization and Medical Treatment Authorization	Annually
Heat Illness Acknowledgement	Annually
Opioids Acknowledgement	Annually
Physical Examination Form	Annually
Readmission to School of Student with Temporary Disability or Injury	As Needed
Steroids Acknowledgement	Annually
Student Athletic Physical Contact Acknowledgement	Annually
Student Transportation Permission Form	Annually
Sudden Cardiac Arrest Acknowledgment	Every two years

Sudden Cardiac Arrest Requirements

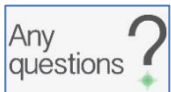
When an athlete who passes out or faints while participating in, or immediately following an athletic activity is to be removed from practice or a game/competition.....

1. Parent/Guardian are to be notified immediately that athlete passed out or fainted.
2. Complete a Report of Personal Accident Form and return to Risk Management.
3. Athlete is not to return to practice or game/competition until receives written clearance to return from licensed healthcare physician. Use Return to School of Student with Temporary Disability due to Injury, Illness or Surgery Form (SFA 5110, SFA 5110 Spanish).

Concussion Requirements

When Student is suspected to have head injury or concussion.....

1. Notification letter (SFA 5220 or SFA 5220S) to parent/guardian must be sent home immediately
2. Complete Report of Personal Accident Form and send to Risk Management
3. Athlete is not to return to practice or game/competition until a licensed health care provider who is trained in concussion management evaluates athlete.
4. Written clearance (SFA 5230) to return to practice or game/competition from a license healthcare provider who is trained in concussion management.
5. If determined by healthcare provider athlete sustained concussion or head injury gradual return-to-play protocol will last no less than seven (7) days in duration under the supervision of licensed health care provider trained in concussion management. Written clearance (Acute Concussion Evaluation Form) to return to practice or game/competition from a licensed health care provider.



Please let us know if you have any questions regarding the above information call XX at ext XX.

Thank you!

ClF-approved sports

Those sports for which member high schools have mutually adopted rules relating to interscholastic athletics (grades 9 through 12), and established agreed upon minimum standards for certain aspects of the interscholastic athletic program:

- Badminton
- Baseball
- Basketball
- Competitive Cheer
- Cheerleading*
- Cross-country
- Dance*
- Field hockey
- Football
- Golf
- Gymnastics
- Lacrosse
- Skiing and snow boarding
- Soccer
- Softball
- Swimming and diving
- Tennis
- Track and field
- Volleyball
- Water polo
- Wrestling

* Sideline Cheerleading and Dance are not approved interscholastic sports in the CIF Southern Section. Because cheerleading is an integral part of sports at the high school level, it is grouped with CIF sports for liability coverage purposes. The VCSSFA Guidelines for cheerleaders should be followed as if produced by CIF for CIF-approved sports.



Oxnard School District



Oxnard School District (OSD) values our parents and community members in becoming volunteers for the District. OSD looks forward to reviewing your completed application and welcoming you as a volunteer in our schools! OSD staff is confident you will bring a positive and professional attitude to this committed work. OSD procedures and guidelines are aligned to board policy. Thank you for your interest in becoming part of the Oxnard School District.

7 Simple Steps to become an Approved Volunteer in OSD:

1. Acquire a Volunteer Application Form from your school site and complete it. (Must be 21 years or older)
2. Schedule an appointment to have your fingerprint (DOJ/FBI) completed.
3. Bring a valid California Driver's License or California issued ID to your appointment
4. Bring your Negative TB (Tuberculosis) Clearance to your appointment (10 hours or more a month volunteer)
5. Sign Volunteer Code of Conduct Form
6. Complete Molestation Prevention Training/Information
7. Submit TDAP, MMR and Flu shot Clearance (Pre-K only)

SPORTS COACHES VOLUNTEER - ADDITIONAL REQUIREMENTS

8. Current First Aid Certification
9. Current CPR/AED Certification
10. Complete Concussion Training Online (Every 2 years)
11. Complete Sudden Cardiac Arrest Training Online (Every 2 years)
12. Heat Illness Protocols Training (Annually)
13. Sign Code of Conduct and Expectations for Coaches

To schedule an appointment to become volunteer, request a Volunteer Application from your school site and please call the technician assigned to your site (see below)

Once all requirements have been satisfied, the Human Resources Office will notify the volunteer, School Principal, and school Office Manager. It is the school's responsibility to inform teachers of clearances.

Tammie Allen 805-385-1501 ext. 2054/ For Spanish: HR Technician ext. 2053		Both English & Spanish Junaid Badshah 805 385-1501 ext. 2055	Both English & Spanish Junaid Badshah 805 385-1501 ext. 2055
McAuliffe	Soria	Sierra Linda	Driffill
Marshall	Frank	Rose	Elm
Brekke	Lopez	Lemonwood	Kamala
Ritchen	Chavez	Marina West	McKinna
Harrington	San Miguel/	Fremont	Ramona
District Office	Pre-K	Curren	
(Sped, etc..)			
After School Programs			



City of Oxnard Recreation & Community Services CODE OF CONDUCT

MISSION:

City of Oxnard Recreation and Community Services strives to enrich the quality of life for people of all ages by providing safe, positive and active opportunities within our community that embrace diversity and promote social connections, wellness, civic pride, and life-long learning.

PURPOSE:

To help ensure participant satisfaction and safety, the City requests participants and staff to follow a common set of rules for courteous behavior. Upon signing this Code of Conduct, participants acknowledge they have read and agreed with the code of conduct, posted rules and acknowledge the consequences should they not be complied with.

CODE OF CONDUCT:

Spectators, parents / guardians and participants are asked to please observe the following:

- Respect the rights and privileges of all persons at all times.
- In case of emergency, dial 911.
- Comply with requests from officials, staff and program facilitators / instructors.
- Comply with any rules of the program, event, class or activity and the rules of the facility where the program, event, class or activity is being conducted.
- Refrain from conduct that disrupts or obstructs any program, event, class or activity. This includes disrespectful and argumentative behavior towards others.
- Refrain from any lewd, obscene or indecent conduct or expression, including profanity, harassment, discrimination, bullying, threats or offensive remarks.
- Refrain from any action which in the judgement of any staff, instructor or facilitator, constitutes an attempt to inflict, or actually inflicts, injury to other participants and / or staff.
- Children not participating in the scheduled program, event, class or activity must be accompanied by a non-participating adult.
- Destruction or damage to a City of Oxnard facility or one of its facility partners or theft of any property is not acceptable. Anything found at the facility that does not belong to you, should be left where it is unless you have been told by staff, instructor or facilitator to take it.
- Smoking & vaping are not permitted at any City facility or property per City Ordinance No. 2908.
- Possession or use of a weapon or explosive devices is not allowed.
- Selling, possessing or use of illegal drugs, alcohol or marijuana is not allowed.
(Alcohol is only permitted when included in a rental agreement and provided by a licensed and approved caterer. All rental agreement rules and local, state and federal laws must be adhered to).

ENFORCEMENT:

The above code of conduct will be enforced by the City of Oxnard staff, instructors and facilitators whose authority shall prevail in all cases. The following program of corrective actions will be in effect for repeat or habitual offenders:

- Violations of the code that do not constitute an immediate and apparent threat to the safety of others or their property will result in all or some of the following actions including, but not limited to:
 - A verbal warning
 - A suspension of the right to participate in the activity for a period of time
 - A permanent suspension from the program for failure to correct behavior for repeat violations of this code.
- Violations of the code that are deemed to constitute an immediate or implied threat to the safety of others or their property may result in:
 - A one month suspension
 - A sixth month suspension
 - A permanent suspension from the program

Any conduct staff, instructors or facilitators feel / suspect is illegal will be reported to the Oxnard Police Department immediately.

The circumstances and severity of the incident as determined by the Department Director or designee will determine the length of the suspension. Participants may contact the Department Director to appeal any and all suspensions.

Please help ensure a safe, fun and healthy environment for everyone!

City of Oxnard Recreation & Community Services

805-385-7995 www.oxnardrec.org

Participant Name (Print)

Participant Signature

Date

I have read and reviewed the Code of Conduct rules with my child. I understand and agree to support the City of Oxnard in enforcing these rules.

*Parent / Guardian Name (Print)

*Parent / Guardian Signature

Date

*Parent / Guardian signature needed if participant is under 18 years of age.

*In addition to the Code of Conduct all participants must sign the **Release of Liability** waiver provided by the program facilitator / instructor. For drop-in programs, participants must sign the waiver at the start of each class each day / time the activity is conducted.



City of Oxnard Recreation & Community Services
YOUTH SPORTS ROSTER

Team Name: _____ Sport League: _____ Division: _____

School Name: _____ Head Coach Name: _____

The following roster designates the names of the players representing the above-named team requesting entry into the above-named league/tournament, hosted by the City of Oxnard Recreation Youth Sports Program. As the team coach and assistant coach, we hereby verify that all players on this team are eligible to participate in league/tournament play, are aware of the rules, and other specific information regarding the manner in which the league/tournament is to be conducted and fulfill the requirements formulated by the organizers of this tournament.

We accept responsibility for timely submission of this roster and the associated fees required for entry into this league/tournament.

We accept responsibility for supervising the conduct of all players listed on this roster along with their spectators while participating in this league/tournament, and we as a team will strive to promote fair and good sportsmanship for the betterment of the league/tournament.

Head Coach's Signature _____

Date _____

Assistant Coach's Signature _____

Date _____

Participant First & Last Name	School	Grade	Date of Birth	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



City of Oxnard
Minor Release Form and Consent to Medical Treatment
(Please Print)

Minor's Name: _____ Age: _____ Birthdate: _____
Last First Middle

Address/City/Zip: _____

Parent or Guardian: _____
Last First Middle

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Name of Activity: _____ Date of Activity: _____

School or Team: _____

I, the undersigned, hereby give permission for the above named minor in my custody to participate in the above described activity ("the activity") and hereby waive, release, and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of the minor's participation in the activity. This release is intended to discharge in advance the promoters, sponsors, officials, the Oxnard Police Activities League (PAL), the City of Oxnard or other public entity, agents and employees from and against any and all liability arising out of or connected in any way with the minor's participation in the activity, even though that liability may arise out of negligence or carelessness on the part of any person or entity mentioned above.

I further understand that serious injuries occasionally occur during the activity and participants in the activity occasionally sustain mortal or serious personal injuries and or property damage, as a consequence thereof. Knowing the risks of the activity, nevertheless, on behalf of the minor, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, my heirs or assigns for damages.

I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I also agree that photographs, pictures, slides, movies, & videos of the minor may be taken in connection with the minor's participation in this activity or event without compensation from the City of Oxnard, California, permittee/sponsor and consent to the use of these photographs, pictures, slides, movies, & videos for any legal purpose.

I agree to accept and abide by the rules and regulations of the City of Oxnard and the Oxnard Police Activities League.

SIGNATURE OF PARENT OR GUARDIAN

DATE

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident, or injury which may occur while the above named minor is engaged in the activity supervised by the City of Oxnard and/or the Oxnard Police Activities League and its representatives, employees, agents or assignees, when neither the minor's parent(s), guardian(s) or designated family medical provider can be contacted, I hereby give my consent for emergency treatment as necessary under the circumstances by any medical provider licensed under the laws of the State of California.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Family Doctor or Clinic: _____ Doctor or Clinic Phone: (____) _____

Medical Insurance Co.: _____ Type of Coverage: _____

Pertinent Medical History/Information (*Epilepsy, Diabetes, Allergies*): _____

Alternate Emergency Contact (Other Than Parent/Guardian): _____ Phone: (____) _____



Ciudad de Oxnard
Descargo de Responsabilidad y
Consentimiento para Tratamiento Médico a un Menor
(Favor de escribir en letra de molde)

Nombre
del menor: _____ Edad: _____ Fecha de Nacimiento: _____
Apellido Nombre (s)
Dirección/Ciudad/Zip: _____
Padre/Madre o Guardián: _____
Apellido Nombre(s)
Teléfono: (____) _____ Tel. Trabajo: (____) _____ Tel. Celular: (____) _____
Nombre de la Actividad: _____ Fecha de la Actividad: _____
Escuela o Equipo: _____

Yo, el/la infrascrito, por medio de la presente doy permiso que el menor bajo mi custodia arriba mencionado, participe en la actividad descrita ("la actividad") y por este medio renuncio, libero y descargo a todos y cada uno de los derechos a demanda o reclamación que pueda yo tener por daños por muerte, agravio o daños a propiedad, o derecho de acción que pueda devengar como resultado de la participación del menor en la actividad. Esta renuncia tiene como objeto liberar por adelantado, a los promotores, patrocinadores, oficiales, el Oxnard Police Activities League (PAL), la Ciudad de Oxnard, o cualquier entidad pública, sus agentes y sus empleados, de y en contra de todas y cada una de las obligaciones que surjan de o en cualquier conexión con la participación del menor en la actividad, aún cuando la obligación se dé a causa de la negligencia o descuido por parte de cualquier persona o entidad mencionada anteriormente.

Además, me doy por enterado(a) que en ocasión pueden ocurrir lesiones serias durante la actividad y que los participantes en esa actividad en ocasiones pueden sufrir lesiones personales serias o mortales como consecuencia de lo mismo. Sin embargo, conociendo los riesgos de la actividad, y a nombre del menor, por medio de la presente consiento en aceptar esos riesgos y liberar o dejar a salvo a todas las personas o entidades mencionadas anteriormente que, a por negligencia o descuido de lo contrario serían responsables por daños a mí persona, a mis herederos o a mis cesionarios

Asimismo, queda entendido y acordado que este descargo, liberación y aceptación de riesgo es valedero para mis herederos y apoderados. También consiento a que se tomen fotografías, transparencias, películas y videos del menor en conexión con la participación del menor en esta actividad o evento sin compensación por parte de Oxnard PAL, la Ciudad de Oxnard, California, tenedor de licencia/patrocinador y consiento al uso de estas fotografías, transparencias, película o video para cualquier propósito legal.

Estoy de acuerdo en aceptar y sujetarme a las reglas y reglamentos del Oxnard Police Activities League (*Liga de Actividades de la Policía de Oxnard.*) o la Ciudad de Oxnard

FIRMA DEL PADRE/MADRE O GUARDIÁN

FECHA

CONSENTIMIENTO PARA EL TRATAMIENTO DEL MENOR

En el caso de que se produjera una enfermedad, accidente o lesión imprevista durante el tiempo en que el menor esté ocupado en las actividades supervisadas por el Oxnard Police Activities League o la Ciudad de Oxnard y sus representantes, empleados, agentes o apoderados, y de no ser posible ponerse en contacto con el/los padre(s), guardián(es) o proveedor de servicios médicos de la familia designado, por medio de la presente doy mi consentimiento para que cualquier proveedor médico certificado/facultado bajo las leyes del Estado de California, proporcione el tratamiento de emergencia necesario que las circunstancias requieran.

FIRMA DEL PADRE/MADRE O GUARDIÁN

FECHA

Proveedor Médico de la Familia: _____ Teléfono del Médico: (____) _____

Aseguranza del Menor: _____ Tipo de Cobertura: _____

Historial/Información Médica Pertinente (*Epilepsia, Diabetes, Alergias, etc....*): _____

Contacto de Emergencia Alterno/a (Aparte del Padre/Madre o Guardián): _____ Teléfono: (____) _____



City of Oxnard Recreation & Community Services CODE OF CONDUCT

MISSION:

City of Oxnard Recreation and Community Services strives to enrich the quality of life for people of all ages by providing safe, positive and active opportunities within our community that embrace diversity and promote social connections, wellness, civic pride, and life-long learning.

PURPOSE:

To help ensure participant satisfaction and safety, the City requests participants and staff to follow a common set of rules for courteous behavior. Upon signing this Code of Conduct, participants acknowledge they have read and agreed with the code of conduct, posted rules and acknowledge the consequences should they not be complied with.

CODE OF CONDUCT:

Spectators, parents / guardians and participants are asked to please observe the following:

- Respect the rights and privileges of all persons at all times.
- In case of emergency, dial 911.
- Comply with requests from officials, staff and program facilitators / instructors.
- Comply with any rules of the program, event, class or activity and the rules of the facility where the program, event, class or activity is being conducted.
- Refrain from conduct that disrupts or obstructs any program, event, class or activity. This includes disrespectful and argumentative behavior towards others.
- Refrain from any lewd, obscene or indecent conduct or expression, including profanity, harassment, discrimination, bullying, threats or offensive remarks.
- Refrain from any action which in the judgement of any staff, instructor or facilitator, constitutes an attempt to inflict, or actually inflicts, injury to other participants and / or staff.
- Children not participating in the scheduled program, event, class or activity must be accompanied by a non-participating adult.
- Destruction or damage to a City of Oxnard facility or one of its facility partners or theft of any property is not acceptable. Anything found at the facility that does not belong to you, should be left where it is unless you have been told by staff, instructor or facilitator to take it.
- Smoking & vaping are not permitted at any City facility or property per City Ordinance No. 2908.
- Possession or use of a weapon or explosive devices is not allowed.
- Selling, possessing or use of illegal drugs, alcohol or marijuana is not allowed.

(Alcohol is only permitted when included in a rental agreement and provided by a licensed and approved caterer. All rental agreement rules and local, state and federal laws must be adhered to).

ENFORCEMENT:

The above code of conduct will be enforced by the City of Oxnard staff, instructors and facilitators whose authority shall prevail in all cases. The following program of corrective actions will be in effect for repeat or habitual offenders:

- Violations of the code that do not constitute an immediate and apparent threat to the safety of others or their property will result in all or some of the following actions including, but not limited to:
 - A verbal warning
 - A suspension of the right to participate in the activity for a period of time
 - A permanent suspension from the program for failure to correct behavior for repeat violations of this code.
- Violations of the code that are deemed to constitute an immediate or implied threat to the safety of others or their property may result in:
 - A one month suspension
 - A sixth month suspension
 - A permanent suspension from the program

Any conduct staff, instructors or facilitators feel / suspect is illegal will be reported to the Oxnard Police Department immediately.

The circumstances and severity of the incident as determined by the Department Director or designee will determine the length of the suspension. Participants may contact the Department Director to appeal any and all suspensions.

Please help ensure a safe, fun and healthy environment for everyone!
City of Oxnard Recreation & Community Services
805-385-7995 www.oxnardrec.org

Participant Name (Print) Participant Signature Date

I have read and reviewed the Code of Conduct rules with my child. I understand and agree to support the City of Oxnard in enforcing these rules.

*Parent / Guardian Name (Print) *Parent / Guardian Signature Date

*Parent / Guardian signature needed if participant is under 18 years of age.

*In addition to the Code of Conduct all participants must sign the **Release of Liability** waiver provided by the program facilitator / instructor. For drop-in programs, participants must sign the waiver at the start of each class each day / time the activity is conducted.

Updated 02/13/2017



City of Oxnard Recreation & Community Services
Servicios Comunitarios y de Recreo de la Ciudad de Oxnard
CÓDIGO DE CONDUCTA

MISIÓN:

City of Oxnard Recreation and Community Services (Servicios Comunitarios y de Recreo de la Ciudad de Oxnard) se esfuerza en mejorar la calidad de vida de personas de todas las edades, ofreciendo oportunidades seguras, positivas y activas dentro de nuestra comunidad que promueven la diversidad y fomentan las conexiones sociales, el bienestar, el orgullo cívico y el aprendizaje permanente.

PROPÓSITO:

Para ayudar a garantizar la satisfacción y la seguridad de los participantes, la Ciudad pide a los participantes y al personal que sigan un conjunto de reglas comunes para un comportamiento cortés. Al firmar este Código de Conducta, los participantes reconocen que han leído y aceptado el código de conducta y las normas indicadas, y reconocen las consecuencias en caso de no cumplirlas.

CÓDIGO DE CONDUCTA:

Se pide a espectadores, padres / madres / tutores y participantes que, por favor, cumplan las normas siguientes:

- Respetar los derechos y privilegios de todas las personas en todo momento.
- En caso de emergencia, llamar al 911.
- Cumplir peticiones de funcionarios, personal y facilitadores / instructores del programa.
- Cumplir con todas las reglas del programa, evento, clase o actividad y las normas de las instalaciones en las que se está realizando el programa, evento, clase o actividad.
- Abstenerse de conducta que perturbe u obstaculice cualquier programa, evento, clase o actividad, lo cual incluye comportamiento irrespetuoso y discutidor hacia otras personas.
- Abstenerse de cualquier conducta o expresión lasciva, obscena o indecente, incluyendo blasfemias, acoso, discriminación, bullying, amenazas o comentarios ofensivos.
- Abstenerse de cualquier acción que, en opinión de cualquier empleado, instructor o facilitador, constituye un intento de causar, o realmente cause, daños a otros participantes y / o personal.
- Los niños que no participen en el programa, evento, clase o actividad programados deben estar acompañados por un adulto que no participe.
- No serán aceptables la destrucción o daños a instalaciones de la Ciudad de Oxnard, o de alguno de sus socios de instalaciones, ni el robo de cualquier propiedad. Cualquier cosa encontrada en las instalaciones que no le pertenezca debe dejarse en el mismo sitio, a menos que un empleado, instructor o facilitador le haya dicho que se la lleve.
- No está permitido fumar ni vapear en ninguna instalación ni propiedad de la Ciudad, en aplicación de la Ordenanza Municipal Núm. 2908.
- No están permitidos la posesión o el uso de armas ni artefactos explosivos.
- No están permitidos la venta, la posesión o el uso de drogas ilegales, alcohol o marihuana.
(Solo está permitido el alcohol cuando esté incluido en un contrato de alquiler y lo suministre una empresa de banquetes con licencia y autorización. Deben cumplirse todas las normas del contrato de alquiler y las leyes locales, estatales y federales).

CUMPLIMIENTO:

El personal, instructores y facilitadores de la Ciudad de Oxnard se encargarán del cumplimiento del código de conducta anterior, y su autoridad será la que prevalezca en todos los casos. Se aplicará el siguiente programa de medidas correctivas para los infractores reincidentes o habituales:

- Las infracciones del código que no constituyan una amenaza inmediata y aparente para la seguridad de otros darán lugar a alguna o todas las acciones siguientes, que pueden incluir, sin limitarse a ello:
 - Una advertencia verbal
 - Una suspensión del derecho a participar en la actividad durante un periodo de tiempo
 - Una suspensión permanente del programa por no corregir el comportamiento, en caso de infracciones repetidas de este código.
- Las infracciones del código que se considere que constituyen una amenaza inmediata o implícita para la seguridad de otras personas o sus propiedades, pueden dar lugar a:
 - Una suspensión de un mes
 - Una suspensión de seis meses
 - Una suspensión permanente del programa

Cualquier conducta que el personal, instructores o facilitadores consideren / sospechen que es ilegal será denunciada inmediatamente al Departamento de Policía de Oxnard.

La duración de la suspensión estará determinada por las circunstancias y severidad del incidente, según determine el Director del Departamento, o persona que él designe. Los participantes pueden contactar al Director del Departamento para apelar todas y cualquiera de las suspensiones.

Por favor, ¡ayude a garantizar un ambiente seguro, divertido y sano para todos!

City of Oxnard Recreation & Community Services

805-385-7995 www.oxnardrec.org

Nombre del participante (Letra de imprenta) Firma del participante Fecha

He leído y revisado las reglas del Código de Conducta con mi hijo. Las entiendo, y me comprometo a apoyar a la Ciudad de Oxnard en el cumplimiento de estas reglas.

*Nombre del Padre / Madre / Tutor *Firma de Padre / Madre / Tutor Fecha
(Letra de imprenta)

*Es necesaria la firma del padre / madre / tutor si el participante es menor de 18 años.

*Además del Código de Conducta, todos los participantes deben firmar la **Exención de Responsabilidad** proporcionada por el instructor / facilitador del programa. Para los programas sin registro previo, los participantes deben firmar la exención al principio de cada clase cada día y cada vez que se realice la actividad.



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in the Activity described in the *Minor Form and Consent to Medical Treatment Form*, accompanying this form, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Oxnard, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Activity ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____



**RENUNCIA Y EXENCIÓN DE RESPONSABILIDAD DE
ENFERMEDADES TRANSMISIBLES INCLUYENDO COVID-19**

ASUNCIÓN DE RIESGO /EXCENCIÓN DE RESPONSABILIDAD /ACUERDO DE INDEMNIZACIÓN

En consideración a que se le permita participar en la actividad descrita en el formulario para Menores de Edad y Consentimiento para tratamiento médico que acompaña a este formulario, el abajo firmante reconoce, aprecia y acepta que:

1. La participación incluye la posible exposición y contagio de enfermedades infecciosas que incluyen, entre otras, MRSA, influenza y COVID-19. Si bien las reglas particulares y la disciplina personal pueden reducir este riesgo, existe el riesgo de enfermedad grave y muerte; y,
2. Asumo consciente y libremente todos esos riesgos, tanto conocidos como desconocidos, incluso si surgen de la negligencia de los liberados o de otros, y asumo la plena responsabilidad por mi participación; y,
3. Acepto voluntariamente cumplir con los términos y condiciones establecidas y habituales de participación en lo que respecta a la protección contra enfermedades infecciosas. Sin embargo, si observo algún peligro inusual o significativo durante mi presencia o participación, me retiraré de la participación y lo notificaré al funcionario más cercano de inmediato; y
4. Yo, por mí mismo en nombre de mis herederos, apoderados, representantes personales, y familiares más cercanos, POR LA PRESENTE RENUNCIO, LIBERO, DESCARGO Y MANTENGO INDEMNE de cualquier responsabilidad a la Ciudad de Oxnard, sus funcionarios, agentes y/o empleados, otros participantes, agencias patrocinadoras, patrocinadores anunciantes, propietarios y arrendadores de los locales utilizados para realizar Actividad ("LIBERADOS"), CON RESPECTO A CUALQUIER ENFERMEDAD, DISCAPACIDAD, MUERTE, o pérdida o daño a persona o propiedad, YA SEA DERIVADO DE LA NEGLIGENCIA DE LOS LIBERADOS O DE OTRA MANERA, en la máxima medida permitida por la ley.

HE LEÍDO ESTE ACUERDO DE EXENCIÓN DE RESPONSABILIDAD Y ASUNCIÓN DE RIESGO, ENTIENDO COMPLETAMENTE SUS TÉRMINOS, ENTIENDO QUE HE RENUNCIADO A DERECHOS SUSTANCIALES AL FIRMARLO Y LO FIRMO LIBRE Y VOLUNTARIAMENTE SIN NINGUNA INSTIGACIÓN.

PARA PARTICIPANTES MENORES DE EDAD (MENORES DE 18 AÑOS EN EL MOMENTO DEL REGISTRO)

Esto es para certificar que yo, como padre/tutor legal, con la responsabilidad legal de este participante, he leído y explicado las disposiciones de esta renuncia/autorización a mi hijo(a) incluidos los riesgos de presencia y participación y sus responsabilidades personales de cumplir con reglas y regulaciones para la protección contra las enfermedades transmisibles. Además, mi hijo(a)/pupilo comprende y acepta estos riesgos y responsabilidades. Yo, por mí mismo, mi cónyuge y mi hijo(a)/pupilo doy mi consentimiento y estoy de acuerdo con su exención proporcionada anteriormente para todos los Liberados y yo mismo, mi cónyuge y mi hijo(a)/pupilo liberamos y aceptamos mantener indemnes a los Liberados por cualquier y todas las responsabilidades incidentales a la presencia o participación de mi hijo(a)/pupilo menor en actividades según lo dispuesto anteriormente. INCLUSO SI SURGEN DE SU NEGLIGENCIA, en la mayor medida prevista por la ley.

Nombre del padre/tutor legal: _____

Firma del padre/tutor legal: _____

Fecha que se firmo _____

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking	

Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below.	
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens <input type="checkbox"/> Food <input type="checkbox"/> Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, 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 <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. 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

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

Requirements for Student Participation

- ☐ City of Oxnard Packet (Minor Release, Code of Conduct)
- ☐ City of Oxnard COVID-19 Waiver
- ☐ Pre-Participation History (Pages 1-2) completed by parent
- ☐ Physical Examination and Clearance- signed by physician (Pages 3-4)
- ☐ Field Trip Form (If providing bus transportation)

PREPARTICIPACIÓN EVALUACIÓN FÍSICA

FORMA DE HISTORIA MÉDICA

(Nota: Este formulario debe ser llenado por el paciente y los padres antes de ver al médico. El médico debe mantener esta forma en el gráfico.)

Fecha de Examen Médico _____
Nombre _____ Fecha de Nacimiento _____
Sexo _____ Edad _____ Grado _____ Escuela _____ Deporte(s) _____

Medicinas y Alergias: Escribe una lista de todas las medicinas, de receta y suplementos (herbales y nutricionales) que estás tomando

¿Tienes alergias? ☐ Sí ☐ No Si tienes alergias, indica la alergia.
☐ Medicinas ☐ Pólen ☐ Comidas ☐ Insectos específica

Explica las respuestas de "Sí" abajo.

Preguntas Generales	Sí	No
1. ¿Ha sido restringido por un médico para participar en deportes por alguna razón?		
2. ¿Tienes problemas médicos continuamente? Si sí, indica abajo: <input type="checkbox"/> Asma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infecciones <input type="checkbox"/> Otro: _____		
3. ¿Has pasado la noche en un hospital?		
4. ¿Has tenido alguna cirugía?		
Preguntas de la salud de tu corazón	Sí	No
5. ¿Alguna vez has desmayado o casi desmayado durante o después del ejercicio?		
6. ¿Has sentido dolores, o presión en tu pecho mientras haces ejercicios?		
7. ¿Su corazón siempre corre o salta latidos (latidos irregulares) durante el ejercicio?		
8. ¿Ha dicho tu médico que tienes problemas médicos con tu corazón? Si Sí, chequea todo que aplica: <input type="checkbox"/> Alta presión sanguínea <input type="checkbox"/> soplo cardíaco <input type="checkbox"/> Colesterol alto <input type="checkbox"/> Infección del corazón <input type="checkbox"/> Enfermedad de Kawasaki Otro: _____		
9. ¿Ha pedido un médico un examen médico de tu corazón?		
10. ¿Te sientes mareado o tienes dificultad respirando durante el ejercicio?		
11. ¿Has tenido un incautación inexplicable?		
12. ¿Te sientes más cansado o tienes más dificultad de respirar que tus amigos cuando haces ejercicios?		
Preguntas de la salud de los corazones de tu familia	Sí	No
13. ¿Ha fallecido un miembro de la familia de problemas del corazón o de una muerte inexplicable antes de la edad de 50 años? (incluyendo ahogo, un accidente de coche inexplicable, o síndrome de muerte súbita infantil)		
14. ¿Hay alguien en su familia que tiene miocardiopatía hipertrófica, síndrome de Marfan, la miocardiopatía arritmogénica del ventrículo derecho, síndrome de QT largo, síndrome de QT corto, síndrome de Brugada o taquicardia ventricular polimórfica catecolaminérgica?		
15. ¿Tiene alguien en tu familia un problema del corazón, usa un marca pasos o un desfibrilador implantado?		
16. ¿Tiene alguien en tu familia desmayos inexplicables, incautaciones inexplicables o casi ahogo?		
Preguntas de huesos y articulaciones	Sí	No
17. ¿Ha tenido una lesión en un hueso, músculo, ligamento o tendón que le hizo perder un entrenamiento o un partido?		
18. ¿Alguna vez te has quebrado o fracturado un hueso o dislocado una articulación o coyuntura?		
19. ¿Ha tenido una lesión que requiera radiografías, resonancia magnética, CT, inyecciones, terapia, un aparato ortopédico, un yeso o muletas?		
20. ¿Alguna vez has tenido una fractura de estrés?		
21. ¿Te han dicho alguna vez que tiene o ha tenido una radiografía para la inestabilidad del cuello o la inestabilidad atlantoaxial? (Síndrome de Down o enanismo)		
22. ¿Utiliza regularmente un aparato ortopédico, ortopédicos, u otro dispositivo de ayuda?		
23. ¿Tiene un hueso, músculo o lesión de la articulación que le molesta?		
24. ¿Alguna de sus articulaciones se vuelven dolorosas, hinchadas, se sienten calientes, o se ven de color rojo?		
25. ¿Tiene antecedentes de artritis juvenil o enfermedad del tejido conectivo?		

Preguntas Médicas	Sí	No
26. ¿Tose, sibilancias o tiene dificultad para respirar durante o después del ejercicio?		
27. ¿Alguna vez has utilizado un inhalador o tomado medicamentos para el asma?		
28. ¿Hay alguien en su familia que tiene asma?		
29. ¿Nació sin o le falta un riñón, un ojo, un testículo (varones), el bazo, o cualquier otro órgano?		
30. ¿Tiene dolor en la ingle o un bulto doloroso o hernia en la ingle?		
31. ¿Ha tenido mononucleosis infecciosa (mono) en el último mes?		
32. ¿Tienes algunas erupciones, úlceras por presión, u otros problemas de la piel?		
33. ¿Ha tenido un herpes o infección de la piel MRSA?		
34. ¿Ha tenido una lesión en la cabeza o una conmoción cerebral?		
35. ¿Alguna vez has tenido un golpe en la cabeza que causó confusión, dolor de cabeza prolongado o problemas de memoria?		
36. ¿Tiene antecedentes de trastornos convulsivos?		
37. ¿Tiene dolores de cabeza con el ejercicio?		
38. ¿Alguna vez ha tenido entumecimiento, hormigueo o debilidad en los brazos o piernas después de golpearse o caerse?		
39. ¿Alguna vez has sido incapaz de mover sus brazos o piernas después de golpearse o caer?		
40. ¿Alguna vez se enferma durante el ejercicio en el calor?		
41. ¿Usted tiene calambres musculares frecuentes al hacer ejercicio?		
42. ¿Usted o alguien en su familia tiene el rasgo de células falciformes o la enfermedad?		
43. ¿Ha tenido problemas con sus ojos o visión?		
44. ¿Ha tenido lesiones en los ojos?		
45. ¿Usted usa anteojos o lentes de contacto?		
46. ¿Usa gafas de protección, o anteojos de seguridad?		
47. ¿Le preocupa su peso?		
48. ¿Estás tratando de o ha recomendado alguien que usted gana o pierde peso?		
49. ¿Está usted en una dieta especial o usted evita ciertos tipos de alimentos?		
50. ¿Alguna vez ha tenido un trastorno alimentario?		
51. ¿Tiene usted alguna preocupación que le gustaría discutir con un médico?		
Sólo mujeres	Sí	No
52. ¿Alguna vez ha tenido un período menstrual?		
53. ¿Qué edad tenía cuando tuvo su primer período menstrual?		
54. ¿Cuántos períodos ha tenido en los últimos 12 meses?		

Explique respuestas "sí" aquí

Al Mejor de mis conocimientos, mis respuestas son completas y correctas.

Firma del atleta _____ Firma del padre/guardián _____ Fecha _____

© 2010 Academia Americana de Médicos de Familia, Academia Americana de Pediatría, el Colegio Americano de Medicina del Deporte, Sociedad Médica Estadounidense de Medicina Deportiva, la Sociedad Americana Ortopédica de Medicina Deportiva y Americana de Osteopatía de la Academia de Medicina del Deporte. Se concede permiso para reproducir para fines no comerciales, educativos con acuse de recibo.

EL ATLETA CON NECESIDADES ESPECIALES: FORMULARIO DE HISTORIA SUPLEMENTARIO

Fecha de Examen Médico _____

Nombre _____ Fecha de Nacimiento _____

Sexo _____ Edad _____ Grado _____ Escuela _____ Deporte(s) _____

1. Tipo de discapacidad		
2. Fecha de discapacidad		
3. Clasificación (Si posible)		
4. Causa de la discapacidad (nacimientto, enfermedad, accidente / trauma, otros)		
5. Enumerar los deportes que usted está interesado en jugar		
6. ¿Utiliza regularmente un aparato ortopédico, dispositivo de ayuda, o prótesis?	Sí	No
7. ¿Utiliza algún corsé especial o dispositivo de ayuda para los deportes?		
8. ¿Tienes algunas erupciones, úlceras por presión, o cualesquier otros problemas de la piel?		
9. ¿Tiene una pérdida auditiva? ¿Utiliza un audífono?		
10. ¿Tiene una discapacidad visual?		
11. ¿Utiliza dispositivos especiales para la función intestinal o de la vejiga?		
12. ¿Usted tiene ardor o molestias al orinar?		
13. ¿Ha tenido la disreflexia autonómica?		
14. ¿Alguna vez ha sido diagnosticado con una enfermedad del calor (hipertermia) o (hipotermia) enfermedades relacionadas con el frío?		
15. ¿Tiene la espasticidad muscular?		
16. ¿Tiene convulsiones frecuentes que no pueden ser controladas con medicación?		

Explique respuestas "sí" aquí

	Sí	No
Inestabilidad atlantoaxial		
Evaluación de rayos X para la inestabilidad atlantoaxial		
Articulaciones dislocadas (más de una)		
Sangrado fácil		
Agrandamiento del bazo		
Hepatitis		
La osteopenia u osteoporosis		
Dificultad para controlar los intestinos		
Dificultad para controlar la vejiga		
El entumecimiento u hormigueo en los brazos o las manos		
El entumecimiento u hormigueo en las piernas o los pies		
Debilidad en los brazos o las manos		
Debilidad en las piernas o los pies		
El cambio reciente en la coordinación		
El cambio reciente en la capacidad para caminar		
Espina bífida		
La alergia al látex		

Por favor, indique si alguna vez ha tenido alguna de las siguientes.

Explique respuestas "sí" aquí

Al Mejor de mis conocimientos, mis respuestas son completas y correctas.

Firma del atleta _____ Firma del padre/guardián _____ Fecha _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____



City of Oxnard Recreation & Community Services
YOUTH SPORTS LEAGUE REGISTRATION INFORMATION

PLEASE PRINT OR TYPE LEGIBLY. FORM MUST BE COMPLETED BEFORE IT WILL BE ACCEPTED. LIMIT: ONE TEAM PER FORM.

School/Team Name: _____ School Phone: _____

Coach Name: _____ Coach's Phone: _____

Coach Email Address

Asst. Coach Email Address

Asst. Coach Name: _____ AC Phone: _____

LEAGUE REQUESTED: (Select One in Each Column)

Column A

____ Flag Football
____ Volleyball
____ 7 on 7 Soccer
____ Girls Slow Pitch Softball
____ Basketball

Column B

____ Girls
____ Boys
____ Coed

DIVISION REQUESTED: (Select **ONE**: One team per form)

____ Mighty Mights
____ 2nd
____ 3rd & 4th
____ 5th

____ 6th
____ 7th & 8th

For boys basketball 7th & 8th
(Circle One)

A B C

YOUTH SPORTS LEAGUE FEES

Oxnard-Based Teams: \$300

Non-Oxnard Teams: \$400

Mighty Mights:

\$50 per player + \$5 non-resident fee

Rotary Tournament: \$90 / league team

\$180 / non-league team

GAME/BYE REQUESTS List all game schedule and bye requests. No requests are guaranteed, but all timely submissions will be considered.

By signing and submitting this form, I assume responsibility for timely submission of all required forms and acknowledge the non-refundable 33% (1/3) late drop fee should this team drop after the schedule is published.

Signature _____ Circle One: Coach / Athletic Director / Administrator / ASES Coor _____ Date _____

***** OFFICE USE ONLY *****

Amount Due: \$ _____

Date Received: _____

Amount Received: \$ _____

Registration Entry Date: _____

Type of Payment: ☐ Cash
☐ Check
☐ Credit Card

Registration Entered By: _____

Additional Notes:



City of Oxnard Recreation & Community Services
YOUTH SPORTS ROSTER

Team Name: _____ Sport League: _____ Division: _____

School Name: _____ Head Coach Name: _____

The following roster designates the names of the players representing the above-named team requesting entry into the above-named league/tournament, hosted by the City of Oxnard Recreation Youth Sports Program. As the team coach and assistant coach, we hereby verify that all players on this team are eligible to participate in league/tournament play, are aware of the rules, and other specific information regarding the manner in which the league/tournament is to be conducted and fulfill the requirements formulated by the organizers of this tournament.

We accept responsibility for timely submission of this roster and the associated fees required for entry into this league/tournament.

We accept responsibility for supervising the conduct of all players listed on this roster along with their spectators while participating in this league/tournament, and we as a team will strive to promote fair and good sportsmanship for the betterment of the league/tournament.

Head Coach's Signature _____

Date _____

Assistant Coach's Signature _____

Date _____

Participant First & Last Name	School	Grade	Date of Birth	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



Cultural & Community Services

Youth Sports Supplemental Rulebook

2023-2024

REVISED 8/30/23

Changes are indicated in red

**305 West Third Street
Oxnard, CA 93030
(805) 385-7995**

League Schedule and Standings: <http://www.teamsideline.com/oxnard>

Table of Contents

General Rules.....	3
Basketball.....	8
Flag Football.....	13
Volleyball (Boys & Girls)	25
Girls Slow-Pitch Softball Rule.....	28
7 on 7 Soccer Rules.....	32
Appendix	40
Contact Us.....	54

General Rules

I. The league coordinator will have jurisdiction over all the rules and regulations herein not covered.

- A. In the event the league coordinator is not on-site or contactable, a recreation specialist will have jurisdiction over all the rules and regulations herein not covered.**

II. Registration

- A. In order to register, teams must submit the YOUTH SPORTS LEAGUE REGISTRATION INFORMATION (Appendix I) and a YOUTH SPORTS ROSTER (Appendix II) at the City of Oxnard's Cultural and Community Services office.**
- B. In order to participate, all players must have the following forms signed with ink and returned to the City of Oxnard's Cultural and Community Services office two weeks prior to the first scheduled game:**
 - 1. MINOR RELEASE FORM (Appendix III), WAIVER FOR COMMUNICABLE DISEASES (Appendix IV), AND CODE OF CONDUCT (Appendix V).**
- C. Only players and coaches on the official roster may be on the bench.**
 - 1. Injured players may sit on the bench only if they are dressed in their casual clothing.**
- D. All Coaches must be at least 18 years of age.**
- E. No player may participate if they reach age 15 prior to December 31.**

III. Adding/ Dropping From the Official Roster

- A. Adds/drops to a team roster must be made prior to the second scheduled game of the season.**
 - 1. Requests to amend a roster must be requested on the ADD/ DROP FORM (Appendix VI) that is included with the registration packet found on Oxnard's teamsideline page.**
 - 2. The ADD/DROP FORM must be submitted to a Recreation Specialist or the Recreation Coordinator 24 hours prior to the next scheduled game.**
- B. All added players must have the completed registration forms submitted the business day prior to their first scheduled game.**
 - 1. Changes will not be accepted at gametime or gameday.**
- C. In the event that a team must withdraw from the season, the following policies will be enforced:**

1. Prior to the release of the game schedule, refunds/credits may be issued without penalty, subject to Recreation Coordinator approval.
2. After the game schedule has been released, 20% penalty fee per refund/credit request, subject to supervisor approval.
3. After the first games begin, no refunds/credits will be issued.

IV. Forfeits

- A. Game time is forfeit time.
- B. Coaches must submit lineups to the scorekeeper prior to game time.
- C. Late arrivals may enter the game after the coach has notified the scorekeeper of the players' arrival. If the coach has not notified the scorekeeper of the player's arrival prior to the substitution, the team will receive an infraction.
- D. Rescheduling games will be considered on a case-by-case basis, but is not guaranteed.
- E. In the event a team needs to forfeit, the team must notify a Recreation Specialist and/or Coordinator 24 hrs in advance.

V. Protests

- A. All protests must be made prior to the end of the game. Procedures for protesting:
 1. Coaches must inform the referee.
 2. Referee will notify the opposing team and the scorekeeper.
 3. Coach must submit a written protest to the Recreation office to the league coordinator within two working days of the protest.
 4. League Coordinator will make a ruling as soon as possible.
- B. Judgment calls are NOT protestable.

VI. Tie Breaker Rules

- A. In the event that two or more teams are tied at the end of league play, the following tie breaker rules will be used:
 1. Head-to-head record
 2. Head-to-head differential (volleyball only)
 3. Total points scored in the head-to-head game(s)
 4. Sportsmanship points
 5. Total points scored during the regular season
 6. Total points allowed in the head-to-head game(s)
 7. Total points allowed during the regular season
 8. Coin toss

VII. Code of Conduct

- A. The Head Coach and Assistant Coach agree to support and influence good sportsmanship, high moral standards, and be responsible for the conduct and acts of themselves, their players, and their spectators.
- B. Penalties for violating Code of Conduct Rules:
 - 1. Depending on the seriousness of the infraction, disciplinary actions may include a formal warning, ejection from the game, suspensions, and/or expulsions from the league.
 - 2. Any player, coach, or spectator displaying unsportsmanlike conduct may be ejected from the game.
 - a) If the person who committed the violation does not leave when asked to do so, the team responsible for the infraction will be charged with a forfeit, suspension(s), and/or expulsions from the league.
 - b) Profanity or vulgar language will not be tolerated and receive an automatic ejection.
 - 3. Any ejections carry an automatic one-game suspension to be served at the next scheduled game and the individual(s) must leave the area immediately.
 - a) The City of Oxnard adopts an “out of sound, out of sight” approach to define “leaving the area”.
 - 4. Any ejected/suspended individual is also suspended from participating in any other City of Oxnard sporting event/programming (i.e spectator, coach, etc.) until their suspension has been served.
 - 5. Enforcement of the Code of Conduct at a game site will be based on the site monitor’s best judgment and may be rescinded, increased, or upheld by the Recreation Coordinator.
 - 6. The terms of the Code of Conduct may be found on the City’s teamsideline webpage and under appendix V contained herein.

VIII. Miscellaneous

- A. Coaches must be cleared through the City of Oxnard in order to be on the bench with the team.
 - 1. Cleared coaches must display their badges at each and every game in order to participate.
 - a) Coaches who do not have their badges will not be permitted to coach the game

B. No hard hair accessories

1. Exceptions may be made on a case-by-case basis.

C. No jewelry.

1. Tape may not be used to cover jewelry.
2. Exceptions may be made on a case-by-case basis.

D. False nails are not permitted and natural nails must be cut to the length of finger.

E. No shorts with pockets

1. Tape may be used to close pockets.
2. The City of Oxnard will not provide tape.

F. No food or drinks permitted inside any of the basketball gyms.

G. The player's school grade is the sole criteria for determining his/her division.

1. A player may play up one division, but may only play for one grade level
 - a) example: a 3rd/4th grade player may move up to 5th/6th grade division, but must choose one or the other play on.

H. The City of Oxnard does not offer coed teams for 3rd/4th grade and up, except for flag football.

1. Exception: girls may participate on a boys team if a school does not offer a girls team in that sport.

I. Youth Sports Uniform

1. Teams must have uniforms of matching color schemes.
2. If only one team has a reversible top then the head official will have that team reverse their uniform. Time will be provided for the team to change their tops.
3. If both teams have reversible uniforms, **the home team will use the light side of the jersey and the guest team will use the dark. The head official reserves the right to ask for adjustments in the best interest of an equitable game.**
4. If there are no reversible jerseys from either team, one of the following will be decided at the head officials' discretion:
 - a) One team will wear pinnies.
 - (1) A coin flip will occur to decide which team. The winning flip will stay as is and the opposing team will wear the pinnies.
 - (2) pinnies are not provided by the City of Oxnard
5. Referees will use the predominant color on the uniforms/ pinnies to identify calls.
 - a) For example, if one team is blue with stripes, and the other team has red uniforms with stripes then the officials will use blue and red to identify the teams.

6. Violation(s) of the uniform policies may result in infractions and/or being prohibited from entering the game.

J. Cheerleading programs

1. The City of Oxnard does not offer any form of official cheerleading competitions.
2. The City does allow cheerleading programs to be present and support their team, however the following conditions will apply in such cases:
 - a) Cheerleaders and their coaches are considered equals to any other spectator. No special seating arrangements will be honored at any time at any sporting event. Seating is limited and based on a first come first served basis.
 - b) Chants must be positive in nature and may not be directed at anyone other than their own team.
 - c) Performances may not be done during timeouts, but may be permitted during half time intermissions only if the performance does not disturb either team from using the court/field to warm up and/or delays the restart of the game.
 - d) The Recreation Coordinator and/or Recreation Specialist on-site reserve the right to allow or disallow cheerleading programs from entering the playing court/field.
 - e) As with any spectators, teams are subject to disciplinary action should their cheerleading program violate the City of Oxnard's code of conduct or conditions included herein.

IX. Youth Sports Sportsmanship Program

- A. The sportsmanship system is put in place to maintain a fun, positive, and recreational environment.
- B. Teams are expected to demonstrate good sportsmanship at all times.
- C. A team's sportsmanship is demonstrated by players, fans, and coaches.
- D. Sportsmanship does not take place only in the game but also before and after the game.
- E. The head coach and assistant coaches must support and influence good sportsmanship, high moral standards, and are responsible for the conduct and acts of themselves, their players, and their spectators.
 1. This includes but is not limited to unsportsmanlike disagreements with officials.
- F. Details of the Sportsmanship Program are included in Appendix VI as well as downloadable on the City's teamsideline page

Basketball

******With the exception of the following modifications,
current CIF Rules will govern league play.******

I. Divisions

A. Boys:

A level- 7th & 8th

B level- 7th & 8th

C level- 7th & 8th

6th

5th

3rd & 4th

Girls:

7th & 8th

6th

5th

3rd & 4th

Coed

2nd

Mighty Mites (Kinder – 1st)

B. 5th and 6th grade divisions may be combined if enrollment is too low

C. Mighty Mites and 2nd grade divisions may be combined if enrollment is too low.

D. A player's school grade is the sole criteria for determining his/hers division.

1. A player may play up one division, but may only play for one team.

II. Rosters, Substitutions, and, Game Time:

A. Fifteen (15) players per team maximum.

B. Team roster sheets must be filled out and submitted to the scorekeeper before the start of every game.

1. The sheets are provided by the scorekeeper.

C. All players in uniform sitting on the bench must play a minimum of one (1) full quarter per game.

1. In all divisions, unless otherwise specifically written herein, one (1) full quarter is defined as playing from start to finish in one quarter which is eight (8) consecutive minutes.

a) Please note: Four (4) minutes in one (1) quarter and then four (4) minutes in another quarter does not consist of one (1) full quarter.

2. The official scorekeeper, site monitor, and/or Recreation Specialist/Coordinator shall determine compliance.
 3. Failure to comply will result in forfeit.
- D. In all divisions, unless otherwise specifically written herein, the game will consist of four- 8 minute quarters running time, except for the last two (2) minutes of the 4th quarter which will follow stop clock rules.
1. For the stop clock rule to take effect, the lead must be less than 15 points. If the lead is 15 points or more, the clock will run.
 2. During stop clock, the clock will only stop on an official's whistle.
- E. During free throws, both team benches and on-court players must refrain from any sounds and/or actions that would interfere with the shooter.
1. If a team violates this rule, a warning will be issued on the first offense. A technical foul will be issued for every violation thereafter (may be issued to the team or a specific individual).
- F. Game time is forfeit time.

III. General Rules and Regulations

- A. Games may start and end with four (4) players present.
1. Players who foul out (five personal fouls), must exit the game immediately and may not reenter the game.
 - a) A team may continue to play with at least two players on the court.
- B. The game will begin with a jump ball, the team that loses the tip-off will take possession at the next jump ball opportunity and teams will continue to alternate receiving possession at every jump ball opportunity thereafter.
- C. Teams may not press in the backcourt if they have a fifteen (15) point or more lead.
1. The first violation shall draw a warning by the Officials, subsequent violations shall result in a technical foul(s) issued to the team.
- D. Three (3) second key violations, ten (10) second penetration rule, and backcourt will be enforced in all divisions, unless otherwise specifically written herein.
- E. No thirty (30) second shot clock.
- F. Four (4) time-outs per game.
1. Overtime- if a team is out of timeouts prior to the start of overtime, they will be issued one timeout (1) for the extra period.
- G. Overtime will consist of a single period of two minutes (2) stop clock.
- H. If the game remains tied, a second overtime of two minutes (2) stop clock will be played.
1. If a team is out of timeouts prior to the start of double overtime, they will be issued one timeout (1) for the period

- I. If the game remains tied, there will be a sudden death extra period where the first team to score will win the game.
- J. For all extra periods, a jump ball will be used to start the game.

IV. Fouls and Ejections

- A. On the 7th team foul, the 1+1 rule will be in effect per half. On the 10th team foul, the opposing team will be awarded two (2) free throws for each subsequent personal foul.
- B. Technical Fouls may be issued for, but may not be limited to, the following infractions:
 - 1. Mismatching, torn/damaged, unnumbered, and/otherwise non-compliant uniforms.
 - 2. Unsportsmanlike conduct listed in our Code of Conduct form.
 - 3. Too many players on the court.
 - 4. Delaying game time.
 - 5. Calling timeout when no timeouts are available.
- C. Technical fouls will award two (2) free throws and possession of the ball to the team who does not review the infraction.
- D. Ejections may be issued to any individual (coaches, players, spectators).
 - 1. An individual who receives an ejection must leave the facility immediately and adhere to the City's "Out of Sound, Out of Sight" policy.
 - 2. Any ejection(s) also carry a minimum of one game suspension to be served at the next scheduled game. Furthermore any individual(s) ejected may not attend any other City of Oxnard sports programming until their suspension has been served.
 - 3. Ejections may be issued for, but may not be limited to, the following infractions:
 - a) Profanity
 - b) Any kind of threat
 - c) Excessive reaction to game play or an official's call.
 - d) Repeated violations of the Code of Conduct form.
 - e) Any combination of technical fouls and flagrant fouls where the total number of them equals two (2).

V. Uniforms and Equipment

- A. Athletic shoes must be worn by all participants.
- B. Casts (plastic or other hard substance in its final form) may not be worn during the game.

- C. Exposed jewelry such as wrist watches, bracelets, large or loop earring, hair accessories, and neck chains may not be worn during the game
 - 1. Jewelry may not be taped to the body.
 - 2. Medical alert bracelets or necklaces are not considered jewelry, but if worn, must be taped to the body.
- D. False nails are not permitted and natural nails must be cut to the length of finger.
- E. Uniform tops must all match color schemes and have a number.
- F. Uniform bottoms must be shorts and may not have pockets.
 - 1. Tape may be used to close pockets, but must be provided by the team.
 - 2. Technical fouls may be issued for violations.
- G. Players may be prohibited from entering the game for violation of uniform regulations
- H. Basketball sizes
 - 1. Boys Division for 5th- 8th grades will use the Official size ball (29.5").
 - 2. Boys Division 3rd/4th grade and all Girl Divisions will use an intermediate (28.5") basketball.
 - 3. 2nd grade and Mighty Mights will use a junior size basketball (27.5").
- I. The basket height is 10 feet.

VI. Rules that apply to all 3/4th grade and 2nd grade teams

- A. Five (5) second key violation rule is applied.
- B. No backcourt press.
 - 1. The first violation shall draw a warning to the Coach by the Officials; subsequent violations shall result in a two (2) shot technical foul
 - 2. The Offense must be allowed to bring the ball backcourt to the frontcourt unobstructed, while dribbling.
 - 3. If a pass is made from the backcourt to frontcourt the defense may intercept the pass as long as the ball has crossed the mid court line.
 - a) This also applies to a ball that is rolled from backcourt to frontcourt.
- C. Any timeouts taken in the last two (2) minutes of the fourth quarter, the basketball must be inbounded into the frontcourt.
- D. If a team is leading by fifteen (15) or more points, they may not defend above the top of three (3) point line (top of the key).
- E. The height of the basket for 2nd grade is 8 feet 5 inches. 3rd/4th grade will use a full size ten (10) foot tall basket.
- F. Traveling and Double Dribble will be called for 3rd/4th grade division.
- G. Due to the instructional nature of the division, 2nd grade will loosely call these infractions based on the following criteria:

1. Three steps will be allowed before a travel violation will be called.
2. Two double dribbles will be allowed before a violation will be called.

VII. Rules that apply to Mighty Mites Basketball

- A. Defense must be played within the three point line. The offense must cross the three point line before the defense can guard an offensive player.
- B. Traveling will not be called unless a player runs the full length of the court without dribbling. Double dribble, three second key violation, and 10 second penetration rules will not be called.
- C. Both coaches will be permitted onto the court during play to assist their team, but may not interfere with gameplay.
- D. Games will consist of two 15 minute halves (running clock) with substitutions every five minutes.
 1. For substitutions, no player may sit twice before every other player has sat once.
- E. As a developmental league, the score will always be shown as tied, regardless of who scores.
- F. Each team will receive one time out per half that will not carry over if unused.
- G. Fouls will be called. If there is a player who continuously fouls, they will be asked to sit for a short period of time, but will be allowed to reenter.
 1. free throws will be awarded for shooting fouls.
- H. Out of Bounds violations will be called.
- I. NO jump balls to commence the game. The home team will start the game with possession.
- J. Teams will switch sides at half time.

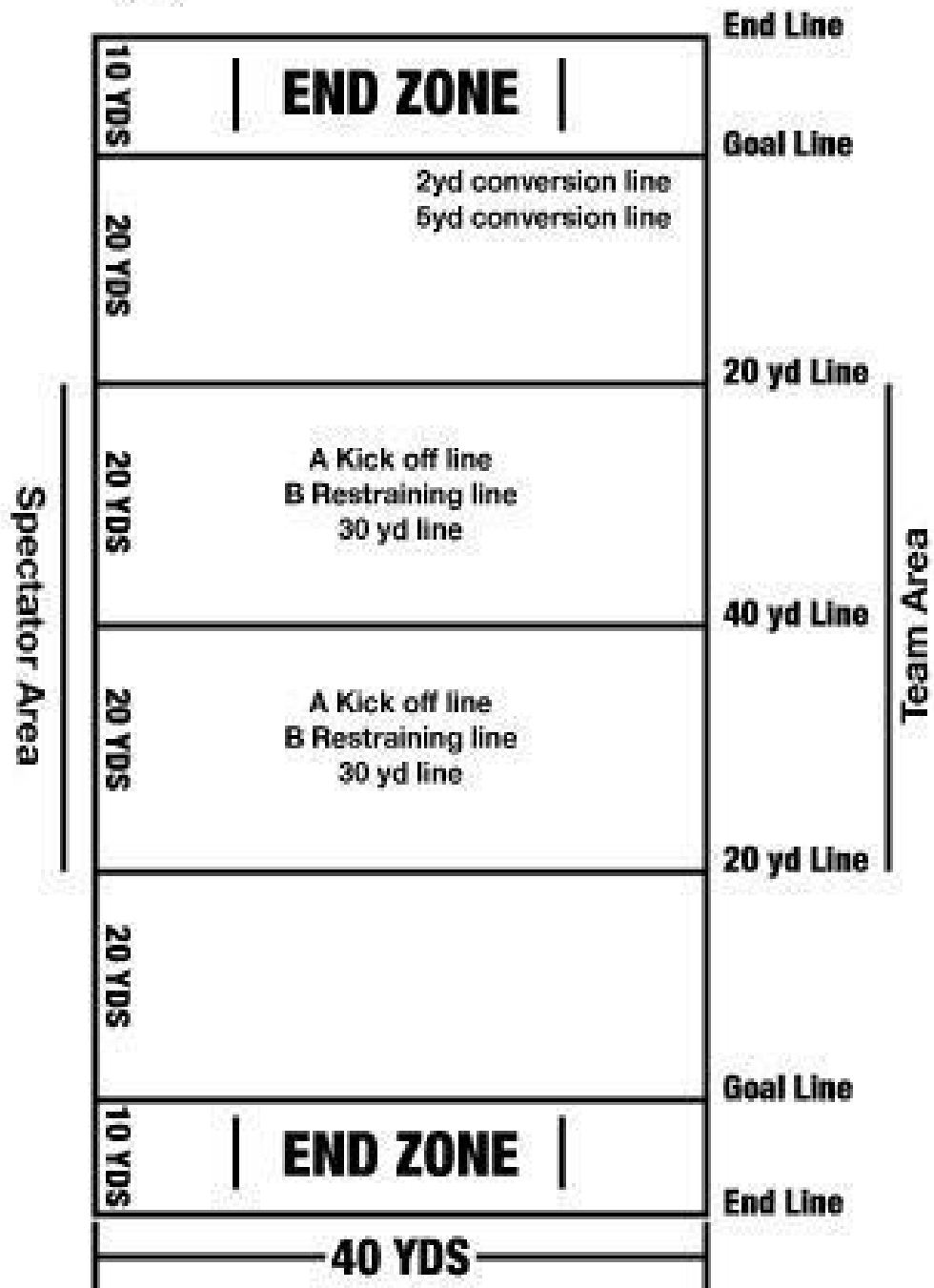
VIII. Basketball Rotary Tournament Rules

- A. All aforementioned rules will be enforced, except for the following:
- B. No minimum play rule
- C. 7th & 8th Grade Boys (A&B) and Girls
 1. Six (6) minute quarters with stop clock during the entirety of the game.
- D. 3rd, 4th, 5th, 6th, Grade teams
 1. 8 minute quarters.
 2. Last 2 minutes shall be stop clock, if the lead is less than 15 points.

Flag Football

****With the exception of the following modifications, current SCMAF Rules will govern League play****

Flag Football Field



I. Divisions

7th & 8th grade
6th grade
5th grade
3rd & 4th grade
Mighty Mites- Kindergarten to 2nd Grade

II. The Field

- A. The field shall be marked off into four (4) equal segments. The length and width will be regulated by the area available.
- B. Official dimensions for the playing field are eighty (80) yards in length and forty (40) yards in width, with ten (10) yard end zones.
- C. Spectators must remain behind the “fan line” that will be painted at least five (5) yards behind the sideline of the spectator area.

III. The Players and Substitutions

- A. Each team on the field will consist of eight (8) players. Game may start and end with seven (7) players present at the game.
- B. Any offensive formation will be allowed.
- C. The defensive formation is not restricted.
- D. All players are eligible to receive the ball from the quarterback.
- E. Direct runs by the quarterback across the line of scrimmage are not allowed. He/she must hand off or pass.
 - 1. Penalty shall be called when the quarterback crosses the line of scrimmage, but officials will allow play to be completed.
- F. Minimum Play Rule
 - 1. Each player must play a minimum of five (5) consecutive minutes which includes all offense, defense, and kicking plays in each game. Officials’ time out (not charged to either team) shall be called to the nearest midway point of the quarter on the next dead ball.
 - 2. Injuries that preclude the player from returning to the game are exceptions. Injuries that put the player out of play for more than one (1) play will be ruled upon at the discretion of the site monitor, and/or Recreation Specialist/Coordinator with respect to satisfying the minimum play rule.
 - 3. Failure to adhere to the minimum play rule will result in forfeiture of the game.

4. The official scorekeeper, **site monitor, and/or Recreation Specialist/Coordinator** shall determine compliance.
 5. **Substitutes must check in with the scorekeeper before entering the game in order to track their minimum playing time.**
- G. Officials shall not tolerate substitutions that are obviously made to delay the game.
- H. A substitute becomes a player when he enters the field and communicates with a teammate or an official, enters the huddle, is positioned in an offensive or defensive formation, or participates in the play.

IV. Game Time and Timeouts

- A. Game starts with a coin toss. The winner may only choose to kick, receive, or defer.**
- B. The length of the game shall be four (4)- ten (10) minute quarters.
1. Stop clock will be used the last two (2) minutes of the second and fourth quarters.
 2. Clock shall stop for notification of two (2) minute warnings prior to the end of each half.
 3. During that time the clock stops only for incomplete forward passes, out of bounds, penalties, time-outs, change of possessions, and scores.
 4. After a penalty, the clock will start depending on the previous play.
 - a) The clock may be stopped while the officials confer regarding the enforcement of the penalty.
 - b) Once the officials have placed the ball back onto the spot and on their signal, the clock will restart.
 5. If a declared kick is attempted, the clock will not start until the ball is kicked.
 6. The clock will be stopped only when designated by an official, for time-outs, or after any score.
- C. If a team is leading by a score of twenty-four (24) points or more, the “running time” clock will be used.
1. The clock will only stop for charged time-outs and official time-outs.
 2. After any score, the trailing team will be awarded the ball at their 35 yard line in lieu of a kickoff. Should the lead become less than a twenty-four (24) point margin, the game will convert back to regulation timing and kickoffs.
 - a) **If a team is trailing by twenty-four (24) points or more at the conclusion of the second quarter, that team will be awarded the**

ball at the 35 yard line to start the 3rd quarter, regardless of the results of the coin toss from the start of the game.

- D. Each team will receive four (4) time-outs per game.
- E. Game time is forfeit time.

V. Tied Games

- A. The winner of a coin toss will determine whether to play offense or defense with the ball placed on the twenty yard line and which end of the field to play on. The winner of the toss may not defer.
- B. Both teams will have four plays to score from the twenty yard line, unless a penalty extends play.
 - 1. A team may start outside the twenty due to a penalty but cannot gain a first down by crossing the twenty.
- C. A team that scores will attempt a two point conversion.
- D. If both teams fail to score, the winner will be determined by the most yardage gained from the twenty yard line.
- E. If teams are tied in score and yardage, the overtime process will be repeated.
- F. Each team is allowed one timeout per overtime period and may not carry over timeouts to any additional overtime periods.
- G. Interception
 - 1. If team B intercepts and scores, the game is over. If they do not score, the ball is placed on the twenty to begin their series. Team A receives zero net yards for their possession.

VI. Coaches and Spectators

- A. Coaches and players must stay between the twenty (20) yard lines in the “Team Area” when on the sidelines. **During a time out, only one (1) coach may be on the field with the team, if the team chooses to remain on the field during the timeout.**
- B. **Only one coach is permitted to travel the entire field, but all others must remain between the 20 and 40 yard lines**
 - 1. **Coaches may alternate positions if they wish**
- C. The first game of the season for each team of the 3rd & 4th grade division, one coach may remain on the field during play of the game only to assist players in learning their field positions **and must retreat 10 yards from the line of scrimmage before the ball is snapped.**
 - 1. **Coaches who interfere with gameplay may be issued penalties and/or be ejected.**

- D. After a first warning, failure to comply with “A”, “B”, or “C” will result in flagging said coach/team for unsportsmanlike conduct.
 - 1. If behavior persists, game may be forfeited or coach ejected at the discretion of the official, **site monitor, and/or Recreation Specialist/Coordinator**
- E. Spectators must remain in the stands whenever seating facilities are available. If stands are not provided, spectators will keep at least five (5) yards from the sidelines and end lines, and between the twenty (20) yard lines (“Spectators Area” **will be painted onto the field**).

VII. Equipment

- A. All game equipment, such as game balls, timers, flags, etc. will be furnished by the Recreation Department.
- B. Jerseys
 - 1. Players must wear jerseys with numbers and **matching color schemes**.
 - a) All participating teams are required to bring their own pinnies in the event that two teams have matching colors.
 - b) All teams must provide their own tape to adjust jersey numbers.**
 - c) At the start of play, all jerseys must be tucked into pants/shorts to terminate one (1) inch above flag football belt line.
- C. Pants/Shorts
 - 1. Each player must wear pants or shorts that are a different color than their flag.
 - 2. Pants or shorts that are worn that have belt(s), belt loop(s), exposed drawstring(s), or pocket(s) must be taped to the body prior to the game.
 - a) All teams must provide their own tape to adjust pants/shorts.**
- D. Flag Belt
 - 1. All divisions shall use the City of Oxnard’s regulation three (3) flag belt system.
 - 2. Flags must be a contrasting color to their uniform.
 - 3. The flags must be a contrasting color to their opponent’s flags.
- E. Shoes
 - 1. Shoes with metal, ceramic screw ins, or detachable cleats are illegal.
- F. Balls
 - 1. The “A” Division shall use intermediate/ youth size football.
 - 2. The “B” and “C” Division shall use a junior size football.
- G. Personal protective equipment, such as knee guards, arm guards, etc. shall be inspected by officials prior to each game.

1. NO regulation tackle football equipment such as helmets, pads, etc. will be allowed.
- H. Exposed jewelry such as wrist watches, bracelets, large or loop earring, hair accessories, and neck chains may not be worn during the game and may not be taped to the body.
 1. Medical alert bracelets or necklaces are not considered jewelry, but if worn, must be taped to the body.
- I. Casts (plastic or other hard substance in its final form) may not be worn during the game.
- J. False nails are not permitted and natural nails must be cut to the length of finger.

VIII. The Game

- A. Encroachment is going into the neutral zone.
 1. Neutral zone is the length of the football and is defined as the space between the two scrimmage lines during a scrimmage down. This is established after the center has adjusted the ball, ready for hike.
 2. If either team encroaches, the ball is dead, and a five (5) yard penalty assessed.
- B. Blocking
 1. Offense
 - a) An offensive blocker may use only the standing block, with the forearms and hands folded to the body.
 - b) No part of the blocker's body, except the feet, shall be in contact with the ground throughout the block.
 - c) A four (4) point stance will be allowed only on the initial charge by linemen.
 2. Defense
 - a) Defensive players are restricted in the use of hands to only pushing the shoulders and body of offensive blockers.
 - b) Slapping or striking is not allowed and will be penalized.
- C. Charging and Tackling
 1. The ball carrier may not run through a defensive player and must attempt to evade the defensive players. Tackling is not permitted.
 2. 3rd & 4th grade division and below
 - a) tackling can result in sitting out for one quarter or ejection from the game.
 3. 5th grade divisions and up
 - a) tackling will be issued an ejection from the game.

4. The official, site monitor, and/or Recreation Specialist/Coordinator shall determine whether physical contact shall be deemed a “tackle”.
 5. The defensive player must not hold nor run through a ball carrier and must play the flag, not the player or the ball.
- D. The quarterback is considered the ball carrier until he/she releases the ball.
- E. Defensive players may attempt to block a pass as long as contact is not made with the passer.
- F. In an attempt to remove the flag from the ball carrier, defensive players may contact the body of an opponent with their hands, but not their neck or head.
1. A defensive player may not hold, push, or knock the ball carrier down in an attempt to remove the flag.
- G. Defensive roughness against the ball carrier.
1. Penalty shall be 12 yards and/or violators involved in the following fouls may be ejected from the game at the discretion of the officials, **site monitor, and/or Recreation Specialist/Coordinator:**
 - a) Tackling the ball carrier
 - b) Holding the ball carrier
 - c) Blocking the ball carrier
 - d) Tripping the ball carrier
 - e) Pushing the ball carrier
 - f) Charging the ball carrier
 - g) Pushing out-of-bounds.
- H. Kick-Offs
1. The kick-off shall be made from the thirty (30) yard line from either end of the playing area.
 2. The receiving team must place a minimum of three (3) players within five (5) yards of midfield line.
 3. The kick-off must originate from a City of Oxnard provided kicking tee.
 4. Out of Bounds
 - a) In the event the ball goes out-of-bounds on the kick-off, between the kicking team’s restraining line and the receiving team’s thirty five (35) yard line, the receiving team shall have the following choices
 - (1) accept a five(5) yard penalty from the previous spot and have a re-kick.
 - (2) Put the ball fifteen (15) yards in from the sideline at the inbounds spot.
 - b) If re-kick goes out of bounds, the receiving team must put the ball in play at the inbounds spot, or at the thirty-five (35) yard line if the ball goes out of bounds inside the receiving team’s thirty-five

(35) yard line. If the rekick is invalid, it may not be attempted a third time.

5. On-side Kick

- a) There are no on-side kicks. The kicking team cannot recover an on-side kick. Ball becomes dead and is put in play at that point by the receiving team.

I. First Down

1. To keep possession of the ball, the offensive team must advance the ball past the zone lines in four downs. As soon as the ball is advanced over the zone line, the following down shall be first.

J. Putting The Ball Into Play

1. The ball is put into play by the center by the backwards snap or hand-off, including free kick situations.

K. Fumbled Ball

1. The ball is dead at the point of contact with ground behind the line of scrimmage.
2. Fumbles beyond the line of scrimmage, when the ball hits ground, ball is dead and spotted at the point of lost possession.
3. On a punt, kick, or interception, once possession is gained, if the ball carrier loses possession of the ball and hits the ground, the ball is dead and spotted at the point of lost possession.
4. An intentional fumble is considered unsportsmanlike conduct and will be penalized from the point of the infraction.

L. Punts and Kicks

1. A kick that touches a player of either team and then touches the ground is dead at the spot of touching.
2. Kicks or punts crossing the goal line shall be declared dead and automatic touchbacks, whether touched or not. The ball will then be spotted on the 20 yard line to recommence play.
3. On a defensive blocked punt, the kicking team may advance the ball if recovered behind the line of scrimmage, and remain in possession if the down was third or less, or if the ball is advanced beyond the first down zone.
4. Blocked punts may be run out of the offensive team's end zone.
5. All kicks must be declared on any down (1st through the 4th). The defensive team must have a minimum of three (3) players on the line of scrimmage until the ball has been kicked. Neither team may cross the line of scrimmage until the ball has been kicked.

6. On all free kicks, the punter has ten (10) seconds from the time of the snap to punt the ball. Punter must begin kicking motion behind the center (hiker).

M. Illegal Hideouts and Extra Players

1. All players must break from the huddle before each play. If a team does not huddle, all players must be at least five (5) yards from the sidelines when the ball is put into play, or they shall receive a penalty.
2. If an official determines that there was an additional player(s) on field, the offending team will receive a penalty.
 - a) If a team is determined to have an extra player during a play that resulted in a touchdown, that score may be rescinded and down replayed, but the infraction must be caught immediately after the score. The offending team may receive additional penalties.

N. Passes and Hand-offs

1. All players are eligible receivers.
2. An incomplete lateral pass is a dead ball at the point of contact with the ground.
3. An intercepted pass in the defensive team's end zone may be run out of the end zone or downed in the end zone.
4. Touchbacks will be put in play at the twenty (20) yard line.
5. There may be any number of legal forward passes during a down, but each pass must be thrown from in or behind the neutral zone.

O. A flag(s) removed inadvertently (not removed by grabbing and pulling) does not cause play to stop.

1. It shall continue as if the flag(s) had not been removed. In all situations where play is in progress and a ball carrier loses one or all flag(s) inadvertently, the deflagging reverts to a one-hand touch of the ball carrier between the shoulders and the knees; the ball would then be declared dead.

P. Other causes for a ball to be declared dead shall include:

1. When the ball goes out-of-bounds or the ball carrier goes out-of-bounds.
2. When a forward pass becomes incomplete.
3. When a touchdown, safety, or touchback is made.
4. When the ball carrier touches his/her knee to the ground.
5. When any lateralled ball, centered ball, backward or sideward pass strikes the ground.
6. At any other time the Official declares the ball "dead".

IX. Unsportsmanlike Conduct

- A. Swearing, obscene language or actions either on or off the playing field by the players, coaches, or spectators, will not be tolerated.
- B. No player may show baiting or taunting acts or words, which engenders ill will or any delayed, excessive or prolonged act by which a player attempts to focus attention upon himself.

X. Safety

- A. Shall be called should the following situations occur:
 - 1. A fumble in one's own end zone.
 - 2. Ball carrier's flag is pulled in his own end zone
 - 3. A blocked punt is downed by the offensive team in their own end zone.
 - 4. A dropped sideward or backward pass in the end zone.
 - 5. A blocked punt, which rolls out of the end zone.
 - 6. Offensive foul in your own end zone.
- B. After a safety, the offensive team is allowed one play on their twenty (20) yard line to kick to the opposing team.
 - 1. The ball is free after traveling ten (10) yards, or when touched by the receiving player.

XI. Changing Goals

- A. Teams shall change goals at the start of the second, third, and fourth quarter.

XII. Scoring

- A. Touchdown – 6 POINTS
- B. Safety – 2 POINTS
- C. Conversion – 1 POINT. The ball shall be placed 2 yards from the goal line for the attempt.
- D. Conversion – 2 POINTS. The ball shall be placed 5 yards from the goal line.
- E. There will be NO kicking conversions allowed.
- F. Forfeit – 1 POINT

XIII. Penalty Enforcement

- A. No single penalty may be assessed that will move the ball more than half the distance to the goal line, whether the penalty be against the offensive or defensive team.
- B. For any fouls between downs, enforce from the spot of the snap.

- C. For any fouls between downs, the following enforcement principles apply:
 - 1. If defensive foul occurs during loose ball play:
 - a) free kick, pass, or fumble behind the scrimmage line. Enforced from the line of scrimmage.
 - 2. If the offensive team fouls behind the line of scrimmage on above plays, enforce from the spot of the foul.
- D. If a foul occurs during a running play, enforcement of such a penalty shall be from the end of the run.
 - 1. A running play is any run not followed by a pass, kick, or fumble behind the line of scrimmage
- E. If the offensive team fouls behind the end of the run, enforce from the spot of foul.
- F. If the last defensive player between the ball carrier and the goal line commits a foul on the ball carrier, a touchdown shall be awarded.
- G. Any penalty which involves a loss of down and occurs in a play following change of possession shall be enforced from the spot of the foul.
 - 1. The team obtaining possession will have a first down after the penalty is enforced.
- H. A period must be extended by an untimed down, except for unsportsmanlike or nonplayer fouls, if during the last timed down, one of the following occurred:
 - 1. There was a foul by either team and the penalty was accepted.
 - 2. There was a double foul.
 - 3. There was an inadvertent whistle and the down is to be replayed.
- I. Basic Enforcement Spot (BES)
 - 1. If a foul occurs during a down, the basic enforcement spot is fixed by the type of play. There are two types of play:
 - a) If a foul occurs during a running play, the basic enforcement spot is the previous spot.
 - b) If a foul occurs during a running play, the basic enforcement spot is the spot where the related run ends. The run ends where the player loses possession if his run is followed by his fumble or pass. If the runner does not lose possession, his run ends where the ball becomes dead.

XIV. Inadvertent Whistle

- A. The ball is dead and the down is ended when an official sounds his whistle inadvertently.
 - 1. When a penalty is declined for a foul, which occurred during the down, and there is an inadvertent whistle while:

- a) A legal snap or pass is in flight, or during a kick, the down will be replayed.
- b) A player is in possession, the team may choose to accept the play at that point or replay the down.

XV. Rules that apply to Mighty Mites Flag football

- A. Four 8- minute quarters with a 5 minute half time is regulation time
 - 1. No overtime periods
- B. Scores will be kept, but will always remain tied
- C. One coach for offense is permitted on the field at any given time
- D. No kick offs.
 - 1. Play starts at midfield with teams changing sides at the end of every quarter
- E. Defense may not rush until the ball crosses the line of scrimmage
- F. Passing plays are permitted
- G. First down by crossing the 20 yard line
- H. No punting
- I. No conversion attempts



Volleyball

****With the exception of the following modifications, current CIF Rules will govern League play.****

I. Divisions

Boys 7th & 8th Grade
Boys 5th & 6th grade

Girls 7th & 8th Grade
Girls 5th & 6th Grade

II. Playing Court and Equipment

A. Playing Court

1. The playing court dimensions shall be 60' long by 30' wide.
2. An unencumbered area for play of at least 10' should surround the court.
 - a) If less area is available, one foot may cross the server's line when serving.

B. Net Height

1. The height of the net shall be:
 - a) Boys Division 7th & 8th shall be set at seven feet (7 ft.) eight inches (8 in.).
 - b) All Girls Divisions and 5th & 6th grade boys Shall be set at seven feet (7 ft.) four inches (4 in.).

C. Volleyball

1. Rubber, leather or synthetic leather volleyballs may be used
2. The City of Oxnard will provide all warm up balls and the game ball.

D. Athletic shoes must be worn by all participants.

E. Casts (plastic or other hard substance in its final form) may not be worn during the game.

F. Exposed jewelry such as wrist watches, bracelets, large or loop earring, hair accessories, and neck chains may not be worn during the game.

1. Jewelry may not be taped to the body.
2. Medical alert bracelets or necklaces are not considered jewelry, but if worn, must be taped to the body.

G. False nails are not permitted and natural nails must be cut to the length of finger.

H. Uniform tops must all match color schemes and have a number.

I. Uniform bottoms must be shorts and may not have pockets.

1. Tape may be used to close pockets, but must be provided by the team.

III. Players and Substitutions

- A. A team may compete with only five (5) players on the court but must play six (6) if they are on the line up card and present.

B. Minimum play rule

1. In all matches, each player must play in one of the first two games. A starting player must remain in the game until one of the teams scores 11 points.
2. A player who is subbed in at the 11 point mark must play until one of the teams scores 22 points.
3. Once a player has played their minimum time, free substitutions may be used thereafter within the same group of players throughout the game.
 - a) Player groups may be switched for the next game.

C. Rotation of substitutes will be allowed on a side out as the players rotate.

1. The previous right front player goes out and the new player comes into the serve position.
2. Players must rotate in the same order that is listed on the official lineup card.

D. Coaches can make a one on one (1 on 1) substitution.

E. A player who has not previously entered the game may substitute in for any player who has already satisfied the minimum play rule.

F. A re-entering player shall assume the original position in relation to the other teammates in the serving order.

1. Example: #6 is in the game, #3 comes in to replace #6, if #6 re-enters the Game, it must be for #3.

G. A player may be substituted in any time the ball is declared “dead”.

IV. Scoring and timeouts

A. Rally scoring will be used.

B. First team to make twenty-five (25) points (cap) will be declared the winner of the game.

C. Winning two (2) out of three (3) games wins the match.

D. If a third game is played, the first team to reach fifteen (15) points will be the winner.

E. Two (2) time-outs per game.

1. No additional time-outs during an extended game.

V. Game

A. Warm-up time is ten (10) minutes.

1. Both teams will enter court and be granted an eight (8) minute general warm- up
2. After general warm up, both teams will serve for two (2) minutes.

- B. Game time is forfeit time.
 - 1. If a team is not ready to play after warm ups are completed, the match will result in a forfeit.
- C. Coaches shall be seated at all times on the bench except to substitute a player, to request a time out, to react to an understanding play, to replace a disqualified or injured player, to attend to an injured player when beckoned onto the court by an official, or to rise during a time out or intermission between games.
- D. The server shall have ten (10) seconds to serve the ball after the referee's signal to serve.
- E. Liberos are not permitted
- F. Attacking the serve is not permitted
- G. All let serves are permitted.



Girls Intermediate Slow-Pitch Softball Rules

*****With the exception of the following modifications, current SCMAF Rules will govern League play.*****

I. The Field

- A. The distance between bases will be sixty feet (60 ft.).
- B. The pitcher's mound will be forty three feet (43 ft.) from the home plate.
- C. The coaches box will be eight feet (8 ft.) from first and third base and ten feet (10 ft.) wide.

II. Game length and Extra Innings

- A. Seven innings or one hour and 10 minutes.
 - 1. The last inning will begin at the one hour mark and be considered open as indicated by the official.
- B. In the event of a tied game, one extra inning will be played and considered open.
 - 1. The last player out from the previous inning will be placed at second base and the inning will start with one out.
 - 2. The player starting on second base may not have a pinch runner until a full at bat is complete.
 - 3. Game time is forfeit time

III. Players and Substitutions

- A. A team must have eight players to start the game.
 - 1. With consent, the other team can provide a courtesy catcher to return the ball back to the pitcher and may not make any plays.
 - 2. If they decline, a cleared coach from the fielding team may serve as the courtesy catcher only to return the pitched ball back to the pitcher and may not actively coach or make plays.
- B. 10 players maximum players on field.
 - 1. Teams must submit a lineup card in their desired batting order before every game.
- C. All players must field a full inning before being eligible for free substitution.
- D. Free substitutions
 - 1. between innings for fielding players.
 - 2. Pitchers may be switched during an inning, but must be done between at-bats.
- E. Players who are removed from the field due to injury may not re-enter the game.
- F. Coaches must remain in the dugout when their team is fielding.

IV. Equipment

- A. Bats for the game will be provided by the City of Oxnard.
- B. Balls for the game will be provided by the City of Oxnard.
 - 1. Eleven inch ball (11 in.) will be used.
- C. A strike zone mat (34 1/2" x 19") will be used and is aligned with the front edge of Home Plate.
 - 1. The city of Oxnard will provide the mat.
- D. Players may not wear jewelry while playing.
 - 1. **Jewelry may not be taped to the body.**
- E. **False nails are not permitted and natural nails must be cut to the length of finger.**
- F. **Metal cleats are prohibited.**
- G. **Uniform tops must all match color scheme and include numbers.**
 - 1. **If tape is needed to alter jersey numbers, the City of Oxnard will not provide the tape.**

V. Batting

- A. Three Strike Rule
 - 1. After two strikes, the ball must be fair.
- B. No throwing of bats.
 - 1. After the first warning, the batter will be declared out.
- C. **Half swings count as a strike.**
- D. **Players at-bat must follow the presubmitted lineup.**
- E. **All players on the line up card must bat during the entirety of the game.**
- F. **no bunting permitted based on the judgment of the umpire**
- G. Maximum five runs per inning.

VI. Pitching

- A. **The ball must be pitched in an arch shape where the highest point can only be 12' and the minimum is over the batter's head.**
- B. An illegal pitch will be called (verbally to at least the batter) by the umpire when the pitch is either too high or too low.
 - 1. **If a batter attempts to hit an illegal pitch, on contact that ball will be considered live.**
 - a) **On a miss or foul ball, that will be called a strike.**

VII. Base Running and Fielding

- A. A base runner can lead off the base on the pitcher's release of the ball
 - 1. If the base runner is off the base prior to the release of the ball, the ball is dead and the runner will be declared out
- B. No Base Stealing
- C. Two courtesy runners are permitted per inning.
 - 1. The same runner can only run once per inning.
- D. The base runner is out if on any play, the ball beats the runner back to the base occupied prior to the attempted play (**force out**).
 - 1. **If a runner is not forced to advance, they must be tagged out.**
- E. Runners must allow the fielder to field the ball without interfering on any play **and vice versa a fielder must allow a runner to run without interference on any play.**
 - 1. Interference may be physical, distractionary, and or verbal **at the discretion of the umpire.**
- F. Double Base
 - 1. On any initial play at first base, the batted runner must make contact with the ORANGE BASE.
 - 2. The defensive person must use the WHITE BASE to put out the batter runner.
 - 3. The batter runner will be called out if she makes contact with the white base and not the orange base during a play at first base.
 - a) This play may not be appealed.
- G. Home Plate
 - 1. A defensive player making a play at Home Plate is allowed to complete the force-out play by touching ANY portion of the strike mat to force any runner out.
- H. Scoring Plate
 - 1. A second home plate is used for score runs.
 - 2. A runner is out if she touches the regular home plate.
 - 3. All outs at home plate are force-outs
 - a) Fielders cannot tag a runner out at home plate.
- I. **Sliding is permitted, except at first base.**
- J. All defensive players must allow the runner to cut inside each base and not make contact without the ball.
- K. Infield Fly Rule
 - 1. With less than two outs and runners on all bases, or first and second, if the batter hits a pop-up **around the infield** that can be caught by any fielder with reasonable effort, the batter will be called out
 - 2. The call will be made at the discretion of the umpire.

VIII. Unsportsmanlike Conduct

- A. Swearing, obscene language or actions either on or off the playing field by the players, coaches, or spectators, will not be tolerated.
- B. No player may show baiting or taunting acts or words, which engenders ill will or any delayed, excessive or prolonged act by which a player attempts to focus attention upon himself.



7-ON-7 SOCCER RULES OF PLAY

******With the exception of the following modifications, current SCMAF Rules will govern League play.******

I. The Game

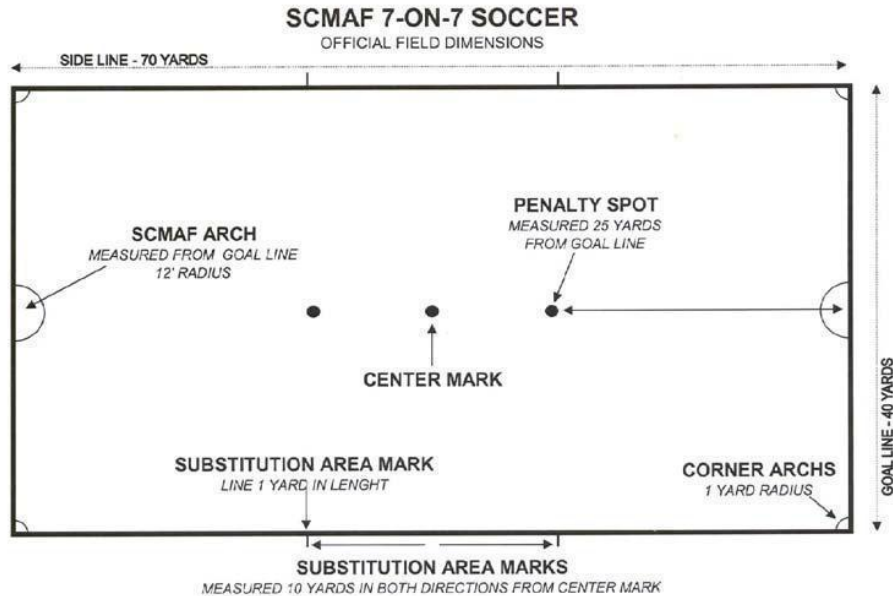
- A. The home team shall be decided by a coin flip in which the winner will either choose to receive the ball to start the game or choose to defend a particular goal.
- B. A regulation game shall consist of two (2) twenty minute (20) halves, with stoppage at the (10) ten- minute mark of each half for substitutions.
- C. Half time for all games will be (5) five-minutes.
- D. **OVERTIME** In lieu of extra minutes, penalty shots will be used to determine the winner of a game.

II. Forfeited and Suspended Games

- A. will be declared by the referee in favor of the team not at fault in the following cases:
 - 1. If a team fails to appear upon the field, or being upon the field.
 - 2. A team refusing to begin a game at the scheduled time.
 - 3. If, after the game has begun, one side refuses to continue play, unless the game has been suspended or terminated by the referee.
 - a) If, after play has been suspended by the referee, one side fails to resume playing within two minutes after the referee has blown his whistle to resume play.
 - 4. If, after warning by the referee, any one of the rules of the game is willfully violated.
 - 5. If the order for removal of a player, coach, and/or spectator is not obeyed.
 - 6. The referee has the authority to forfeit a game when they feel the situation is such that physical harm may come to **themselves, staff, players, coaches, and/or spectators.**
- B. Penalties for a forfeited match will be assessed in the following manner:
 - 1. **The score of a forfeited game shall be 3-0 toward the standings, if the forfeit is issued prior to the start of the match.**
 - 2. **If a forfeit is issued after play has begun and the forfeiting team has the lesser score, that score will remain as the official score for the standings.**
 - a) **If the forfeiting team is ahead, the score will be recorded as 3-0 in favor of the team not forfeiting.**
 - 3. In case of a double forfeit, both teams will receive a score of zero for the standings.

- C. Suspended Games shall be rescheduled to a future date from the exact point of suspension of the original game.

III. The Field



- A. The recommended playing field is the area in which the ball may be legally played.
- B. The field shall have a clear and unobstructed area of which the length (sideline or touchline) is 70 yards and the width (goal line) is 40 yards.
1. Field dimensions may be altered but must be rectangular in shape.
- C. Lines of the field of play **will be painted**.
- D. The SCMAF Arch will be a 12' radius measured from the center of the goal line.
- E. The Center Mark will be located directly in the center of the field.
1. **The spot will be painted and will** be at least 1 foot in diameter.
- F. The Corner Arch will be painted in a quarter circle with a 1 yard radius.
- G. The Penalty Spots will be located directly in the center of the field, exactly 25 yards from the goal line, and centered between the post of each goal.
1. The spot will be painted and will be at least 1 foot in diameter.
- H. The official goal size is 6' x 8'

IV. TEAMS, ROSTERS AND SUBSTITUTES

- A. The game is played with two teams of seven (7) players on each team on field.

1. The minimum number of players needed to start and finish a game is five (5).
- B. Each player present must play one (1) full quarter of ten (10) minutes.
- C. Each team shall be allowed a maximum of **fifteen (15)** players on its team roster.
- D. Substitutes may enter the game on a dead ball, the referee will stop play at the ten minute mark of each half to allow for substitution. The referee can stop play and approve a substitute (injury to a player).
 1. **Players who have not satisfied their minimum playing time must check-in.**
 2. **Players who have already satisfied their minimum playing time are eligible for free substitutions and are not required to check in.**

V. EQUIPMENT

- A. Shoes must be worn by all participants.
 1. rubber cleats, turf shoes, or tennis shoes are recommended.
 2. Metal cleats are prohibited.
- B. Shin Guards must be worn by all players and be made of rubber, plastic, or similar material.
 1. Shin guards must be worn so they are covered entirely by socks in order to provide a reasonable degree of protection.
- C. Casts (plastic or other hard substance in its final form) may not be worn during the game.
- D. Exposed jewelry such as wrist watches, bracelets, large or loop earring, hair accessories, and neck chains may not be worn during the game and may not be taped to the body.
- E. **False nails are not permitted and natural nails must be cut to the length of finger.**
- F. Medical alert bracelets or necklaces are not considered jewelry, but if worn, must be taped to the body.
- G. Penalty for use of illegal equipment is being prohibited from entering the game and/or removal from the game. A yellow card may be issued to the player in violation.

VI. RULES, FOULS, FREE KICKS AND THROW-INS

- A. Traditional soccer rules will govern play in SCMAF/ City of Oxnard 7-ON-7 Soccer with exceptions for these specialized rules listed herein.
- B. Dangerous Play
 1. Is defined as an act, in which a referee considers likely to cause injury to any player.

2. This includes playing in such a manner which could cause injury to self or another player (opponent or teammate).
 3. Penalty shall be an indirect free kick.
- C. Holding, pushing
1. A player shall not hold or push an opponent with the hand(s) or arm(s) extended from the body.
 2. Penalty shall be an indirect free kick.
- D. Charging
1. A player shall be penalized for charging an opponent in a dangerous or reckless manner, and/or using excessive force.
 2. An allowable fair charge is where players make shoulder to shoulder contact in an upright position, within playing distance of the ball, have at least one foot on the ground and their arms held close to their body.
 3. Penalty shall be an indirect free kick and the option of the referee to issue a card (yellow or red) based on the severity of the infraction.
- E. Spitting, kicking, striking, and tripping
1. A player shall not spit, kick, strike, attempt to kick, or strike an opponent.
 2. Penalty shall be an indirect free kick and the option of the referee to issue a card (yellow or red) based on the severity of the infraction.
- F. Yellow cards
1. May be given to a player for the following offenses:
 - a) A player is guilty of unsportsmanlike behavior either verbally or by action.
 - b) A player is guilty of purposely delaying the game.
 - c) A player continually violates the rules of the game.
 - d) A player deliberately uses their hands in the field of play **to stop a promising attack.**
(1) Depending on the context, may warrant a red card
 2. Red Cards
 - a) are automatic ejections.
 - b) Any player receiving a red card must leave the field, but must remain in the technical area.
 - c) **A coach who receives a red card must leave the field/facility and adhere to the City's policy of being "out of sound, out of sight".**
 - d) **In the event a head coach is ejected, the assistant coach may take over to coach the team.**
 - e) A red card may be given to a player for the following offenses:
 - (1) A player is guilty of violent conduct, including but not limited to fighting and/or spitting.

- (2) A player is guilty of intent to injure another player and/or serious foul play.
- (3) A player is guilty of vulgar and/or offensive language or gestures towards players, referees, coaches or spectators.
- (4) A player receives a second yellow card.

G. Slide Tackling

- 1. As well as playing the ball from the ground is prohibited.
- 2. Penalty for Violation will result in an indirect free kick.
- 3. If the slide tackle was intentionally to injure another player, the referee may issue a yellow card or red card for dangerous foul play.

H. Offsides

- 1. there will be no offside rule in 7-on-7 soccer.

I. Hand ball

- 1. A player shall be penalized for deliberately handling, carrying, striking or propelling the ball with a hand or arm.
- 2. Penalty shall be an Indirect free kick and the referee has the option of issuing a yellow card if the action is deemed unsportsmanlike.
- 3. A deliberate handball that disallows an obvious goal will result in a red card and penalty kick.

J. Obstruction

- 1. Is defined as the deliberate act by a player, not in possession of the ball and/or not attempting to play the ball, running between an opponent and the ball, or using the body as an obstacle.
- 2. Penalty shall be an indirect free kick.

K. Out of play

- 1. The ball is considered out of play when it has entirely crossed the end line, sideline, goal line on the ground or in the air or has completely stopped within the boundaries of the goal arch.
- 2. The ball is considered in play at all other times.

L. SCMAF Arch violations

- 1. Field players may act as goalies. However, hands are not allowed and players may not touch (feet, hands or other body part) the ball on/in the plane of the SCMAF ARCH (semi circle marked in front of each goal).
- 2. If a defensive player violates this rule, the offensive team will be awarded a penalty shot.
- 3. If an offensive player violates this rule, the defense will be awarded a goal kick.
- 4. Players may stand or run through the goal arch with no penalty.

- a) A penalty is only assessed when a player touches a ball that is entirely within the goal arch or when a player touches the ball when any part of his body is in the SCMAF ARCH.
5. A ball that comes to a complete stop within the SCMAF arch, the official will stop play and the defending team will be awarded a goal kick.



M. Indirect free kicks

1. Will be awarded for all fouls, handballs, kick offs, goal kicks, corner kicks and must touch at least two (2) players before a goal can be scored.
2. Defenders must retain a distance of five (5) yards on all direct free kicks.
 - a) Exception: If the kick is less than five (5) yards from the goal arch, the spot of the ball will be placed five (5) yards from the arch by the referee.

N. Goal kicks

1. are indirect free kicks and may be taken from any part on or within the SCMAF Arch. All defenders must retain a five (5) yard distance prior to the kick.
2. Goal kicks are awarded when a ball passes over the end line on the ground or in the air as a result of the offensive team or **if the ball comes to a complete stop within the SCMAF Arch.**
3. Penalties for illegal goal kick procedures
 - a) The kicker may not touch the ball a second time after the initial kick until another player on the field touches the ball.
 - (1) Penalty for violation shall be an indirect kick awarded to the other team at the spot of the second touch, **unless the violation occurred within five (5) yards of the SCMAF Arch.**
4. The defense must retain a five (5) yard distance on all goal kicks.
 - a) Penalty for Violation shall be the kick is re-taken.

O. Corner kicks

1. are indirect free kicks and must be taken from inside the corner arch at the nearest corner flag post.
2. Defenders must retain a five (5) yard distance from the ball prior to the kick.
3. Corner kicks are awarded when the ball passes over the end line on the ground or in the air as a result of the defensive team.
4. Penalties for Illegal Corner Kick Procedures
 - a) The kicker may not touch the ball a second time after the initial kick until another player on the field touches the ball.
 - (1) Penalties for Violation shall be an indirect free kick awarded to the team at the spot of the second touch, **unless the violation occurred within 5 yards of the SCMAF Arch.**
 - b) The defense must retain a five (5) yard distance on corner kicks.
 - (1) Penalty for Violation shall be the kick is re-taken.


VII. PENALTY KICKS

- A. Will be awarded for goal arch violations. Penalty kicks will be taken from the twenty five (25) yard mark. The ball must be positioned on a portion of the marked penalty spot.
- B. The kick will only be considered dead if it comes to a complete stop within the goal arch.
 1. In all other circumstances, all kicks must be taken forward and will be considered a live ball.
- C. Penalty shot procedure to determine a winner of a game
 1. Under this scenario, five (5) players will be selected by each team to take a penalty shot from twenty five (25) yards.
 2. A coin flip will determine which team will kick first or second.
 3. If at the conclusion of the penalty shots the game is still tied, a new set of kickers will participate in a sudden death round of penalty kicks.
 4. A kicker may not attempt a second penalty shot until every player on the roster has taken their first penalty shot.
 5. Should an injury occur during penalty kicks, a substitute will not be permitted.
- D. Drop Ball is a way of restarting the match after a temporary delay while the ball is in the field of play for any reason not covered.
 1. A drop ball situation would be defined by an interference of play by an outside source where a team receives an advantage they would not have otherwise received.
- E. Throw-ins

1. Are awarded when the entire ball crosses over the sideline.
2. A goal cannot be scored directly from a throw-in.
3. To execute a proper throw-in, a player must:
 - a) Use both hands to deliver the ball from behind his head to over his head.
 - b) Face the field and keep both feet on the ground behind or on the sideline.
4. Penalties for Illegal Throw-In Procedures
 - a) A player must use the proper motion to execute a throw-in.
 - (1) Penalty shall be a throw-in awarded to the opposing team at the same spot.
 - b) A player cannot touch the ball again until another player has touched the ball.
 - (1) Penalty shall be an indirect free kick awarded from the place where the penalty occurred.
 - c) A player cannot intentionally block or interfere with the thrower's motion.
 - (1) Penalty shall be a throw-in retaken and the referee may issue a yellow card if he feels the action was deliberate and unsportsmanlike.

Appendix

Appendix I- YOUTH SPORTS LEAGUE REGISTRATION INFORMATION



City of Oxnard Recreation & Community Services
YOUTH SPORTS LEAGUE REGISTRATION INFORMATION

PLEASE PRINT OR TYPE LEGIBLY. FORM MUST BE COMPLETED BEFORE IT WILL BE ACCEPTED. LIMIT: ONE TEAM PER FORM.

School/Team Name: _____		School Phone: _____	
Coach Name: _____		Coach's Phone: _____	
Coach Email Address _____		Asst. Coach Email Address _____	
Asst. Coach Name: _____		AC Phone: _____	

LEAGUE REQUESTED: (Select One in Each Column) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Column A <input type="checkbox"/> Flag Football <input type="checkbox"/> Volleyball <input type="checkbox"/> 7 on 7 Soccer <input type="checkbox"/> Girls Slow Pitch Softball <input type="checkbox"/> Basketball </div> <div style="width: 45%;"> Column B <input type="checkbox"/> Girls <input type="checkbox"/> Boys <input type="checkbox"/> Coed </div> </div>		DIVISION REQUESTED: (Select <u>ONE</u>: One team per form) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Mighty Mightys <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd & 4th <input type="checkbox"/> 5th </div> <div style="width: 45%;"> <input type="checkbox"/> 6th <input type="checkbox"/> 7th & 8th <div style="text-align: center; font-size: small;"> For boys basketball 7th & 8th (Circle One) A B C </div> </div> </div>
---	--	---

YOUTH SPORTS LEAGUE FEES <div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 30%;"> Oxnard-Based Teams: \$300 Non-Oxnard Teams: \$400 </div> <div style="width: 30%;"> <u>Mighty Mightys:</u> \$50 per player + \$5 non-resident fee </div> <div style="width: 30%;"> <u>Rotary Tournament:</u> \$90 / league team \$180 / non-league team </div> </div>		
---	--	--

GAME/BYE REQUESTS <i>List all game schedule and bye requests. No requests are guaranteed, but all timely submissions will be considered.</i>

By signing and submitting this form, I assume responsibility for timely submission of all required forms and acknowledge the non-refundable 33% (1/3) late drop fee should this team drop after the schedule is published.

Signature _____

Circle One: Coach / Athletic Director / Administrator / ASES Coor _____

Date _____

***** OFFICE USE ONLY *****

Amount Due: \$ _____	Date Received: _____
Amount Received: \$ _____	Registration Entry Date: _____
Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Registration Entered By: _____

Additional Notes: _____

Appendix II- YOUTH SPORTS ROSTER



City of Oxnard Recreation & Community Services

YOUTH SPORTS ROSTER

Team Name: _____ Sport League: _____ Division: _____

The following roster designates the names of the players representing the _____ team requesting entry into the league/tournament requested above, sponsored by the City of Oxnard Recreation/ Youth Development Services Program. As the team manager and assistant we hereby verify that all players on this team are eligible to participate in league/tournament play, are aware of the rules, and other specific information regarding the manner in which the league/ tournament is to be conducted and fulfill the requirements formulated by the organizers of this tournament.

We accept responsibility for supervising the conduct of all players listed on this roster while participating in this league/ tournament, and we as a team will strive to promote fair play and good sportsmanship for the betterment of the league/ tournament.

Manager's Signature

Date

Assistant Manager's Signature

Date

Participant's Name	School	Grade	Date of Birth	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Appendix IV- WAIVER FOR COMMUNICABLE DISEASES



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in the Activity described in the *Minor Form and Consent to Medical Treatment Form*, accompanying this form, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Oxnard, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Activity ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Appendix V- CODE OF CONDUCT



City of Oxnard Recreation & Community Services CODE OF CONDUCT

MISSION:

City of Oxnard Recreation and Community Services strives to enrich the quality of life for people of all ages by providing safe, positive and active opportunities within our community that embrace diversity and promote social connections, wellness, civic pride, and life-long learning.

PURPOSE:

To help ensure participant satisfaction and safety, the City requests participants and staff to follow a common set of rules for courteous behavior. Upon signing this Code of Conduct, participants acknowledge they have read and agreed with the code of conduct, posted rules and acknowledge the consequences should they not be complied with.

CODE OF CONDUCT:

Spectators, parents / guardians and participants are asked to please observe the following:

- Respect the rights and privileges of all persons at all times.
- In case of emergency, dial 911.
- Comply with requests from officials, staff and program facilitators / instructors.
- Comply with any rules of the program, event, class or activity and the rules of the facility where the program, event, class or activity is being conducted.
- Refrain from conduct that disrupts or obstructs any program, event, class or activity. This includes disrespectful and argumentative behavior towards others.
- Refrain from any lewd, obscene or indecent conduct or expression, including profanity, harassment, discrimination, bullying, threats or offensive remarks.
- Refrain from any action which in the judgement of any staff, instructor or facilitator, constitutes an attempt to inflict, or actually inflicts, injury to other participants and / or staff.
- Children not participating in the scheduled program, event, class or activity must be accompanied by a non-participating adult.
- Destruction or damage to a City of Oxnard facility or one of its facility partners or theft of any property is not acceptable. Anything found at the facility that does not belong to you, should be left where it is unless you have been told by staff, instructor or facilitator to take it.
- Smoking & vaping are not permitted at any City facility or property per City Ordinance No. 2908.
- Possession or use of a weapon or explosive devices is not allowed.
- Selling, possessing or use of illegal drugs, alcohol or marijuana is not allowed.
(Alcohol is only permitted when included in a rental agreement and provided by a licensed and approved caterer. All rental agreement rules and local, state and federal laws must be adhered to).

ENFORCEMENT:

The above code of conduct will be enforced by the City of Oxnard staff, instructors and facilitators whose authority shall prevail in all cases. The following program of corrective actions will be in effect for repeat or habitual offenders:

- Violations of the code that do not constitute an immediate and apparent threat to the safety of others or their property will result in all or some of the following actions including, but not limited to:
 - A verbal warning
 - A suspension of the right to participate in the activity for a period of time
 - A permanent suspension from the program for failure to correct behavior for repeat violations of this code.
- Violations of the code that are deemed to constitute an immediate or implied threat to the safety of others or their property may result in:
 - A one month suspension
 - A sixth month suspension
 - A permanent suspension from the program

Any conduct staff, instructors or facilitators feel / suspect is illegal will be reported to the Oxnard Police Department immediately.

The circumstances and severity of the incident as determined by the Department Director or designee will determine the length of the suspension. Participants may contact the Department Director to appeal any and all suspensions.

Please help ensure a safe, fun and healthy environment for everyone!
City of Oxnard Recreation & Community Services
805-385-7995 www.oxnardrec.org

Participant Name (Print)

Participant Signature

Date

I have read and reviewed the Code of Conduct rules with my child. I understand and agree to support the City of Oxnard in enforcing these rules.

*Parent / Guardian Name (Print)

*Parent / Guardian Signature

Date

*Parent / Guardian signature needed if participant is under 18 years of age.

*In addition to the Code of Conduct all participants must sign the **Release of Liability** waiver provided by the program facilitator / instructor. For drop-in programs, participants must sign the waiver at the start of each class each day / time the activity is conducted.

Updated 02/13/2017

Appendix V- ADD/ DROP FORM

City of Oxnard Recreation and Community Services
Youth Sports Add / Drop Form

Sport:
(Check one) **Flag Football**____ **Volleyball**____ **Basketball**____
Softball____

Division:
(Check one) **Girls A**____ **B**____ **C**____
I____ **II**____ **III**____ **IV**____
Boys A____ **B**____ **C**____
D____ **E**____ **F**____
Coed____

Team Name:_____

Team Manager:_____ **Phone:** () _____

I wish to add the following player(s):

Note: All required paperwork must accompany each add (ie. Minor Release Form, etc.)

	Player Name	Grade	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I wish to drop the following player(s):

	Player Name	Grade	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Team Managers Signature:_____

Date:_____

Appendix VI- YOUTH SPORTS SPORTSMANSHIP PROGRAM

Youth Sports Sportsmanship Program

Updated:

2019

This document includes instructions and guidelines for the City of Oxnard Recreation & Community Services Youth Sports Program's Sportsmanship Program. Please use this resource as a guide to understanding both expectations and accountability for schools, organizations, and teams participating in Oxnard Recreation Youth Sports.

**Sportsmanship
Scoring
System Rules
& Policies**

City of Oxnard Recreation & Community Services Youth Sports Program Sportsmanship Scoring System Rules and Policies

Updated: 2019-06-27

A maximum of 10 points will be awarded to each team, based on receiving 2 points in each of the five categories listed below. The criteria for deducting points in each category are described in the details that follow. Based on a starting position of 10 points at the beginning of each game, the final sportsmanship points are determined by the Referee, based on his or her interpretation of the guidelines set forth in this document, with the guidance of the Assistant Referee and Officiating Staff. Members of the Youth Sports Staff Leadership may also deduct sportsmanship points as necessary. NOTE: Explanations for all deducted sportsmanship points must be included on each game card by Officiating Team, except if deducted by Youth Sports Staff Leadership.

Point deductions made without written explanation are null and void. Explanations must be included for each deduction to be valid. Points are not to be deducted for reasons other than those listed here.

Categories:

1. Player Cooperation
2. Uniform Compliance
3. Coach Cooperation
4. Spectator Cooperation
5. Courtesy to Officials

Sportsmanship Points Impact on City League Games:

Teams must earn a minimum of **60%** of potential sportsmanship points possible for scheduled regular season games to advance into post-season play and maintain win/loss ranking. All teams earning 59% or less of their regular season's potential points will be penalized accordingly. Teams not earning a minimum of 35% of their season's potential points also put their school/organization in jeopardy of penalty.

Example: If a team plays eight regular season games, then their highest possible point total is **80**. Below is a sample of the total points earned and the designated penalty for poor sportsmanship.

Percentage of Total Possible	Minimum Points Needed to Qualify <i>Example: Out of 80</i>	Poor Sportsmanship Penalty
60%+	48 (6 pt avg per game)	Team in good standing & eligible to advance at regular season ranking – No Penalty
59 – 50%	40 (5 apg)	A. Team drops one rank
49 – 45%	36 (4.5 apg)	B. Team drops two ranks + may not play for 2 nd or 1 st Place
44 – 40%	32 (4 apg)	C. Team may not advance into post season play
39 – 30%	24 (3 apg)	D. Team may not advance + School loses priority registration
29 – 0%	23 (less than 3 apg)	E. Team may not advance + School suspended from next season

SPORTSMANSHIP CATEGORIES

'Officiating Team' refers to all referees, scorekeepers, or facility monitors assigned to that game/match. Final decision on points lost is made by the head official and/or Youth Sports Staff leadership on site during the game/match.

1. PLAYER COOPERATION (with players, coaches, and spectators of either team)

❖ 2 points are awarded, if, in the opinion of the Officiating Team...

- No offensive, abusive, or insulting language or gesture(s) is used (in the opinion of any member the officiating team) by a player towards a coach or spectator of either team. (Personal fouls will be used to address the use of offensive, abusive, or insulting language towards others players of either team.)
- No flagrant or technical fouls
- All players participate in the end of match handshake with players of the opposing team

❖ 1 point removed for each of the following...

- Each occurrence of offensive, abusive, or insulting language or gesture used (in the opinion of any member of the referee team) by a player towards a coach or spectator of either team. (Personal fouls will be used to address the use of offensive, abusive, or insulting language or gestures towards players of either team.)
- For every player who does not participate in the end of match handshake with players of the opposing team
- Each technical or flagrant foul

2. UNIFORM COMPLIANCE

❖ 2 points are awarded, if, in the opinion of the Officiating Team...

- All players are dressed in appropriate uniforms and equipment

❖ 1 point removed for each of the following...

- Each player not dressed in approved team uniform and equipment, with the exception of the use of "pennies" or borrowed jerseys requested by Officials
- Players persistently refuse to keep shirts tucked in, shorts worn appropriately, or remove prohibited clothing/jewelry
- For each player needing pockets to be taped down and coach has not provided tape to do so (*Flag Football only*)

3. COACH COOPERATION (with players, coaches, and spectators of either team)

❖ 2 points are awarded, if, in the opinion of the Officiating Team...

- No offensive, abusive, or insulting language or gesture(s) is used (in the opinion of any member the officiating team) by a coach or assistant coach towards a player, coach, assistant coach, or spectator of either team
- Coach and assistant coach participate in end of match handshake with opposing team and coaches
- Coach or assistant coach do not enter field of play without invitation by referee
- Coach or assistant coach do not receive any flagrant or technical fouls
- Coach or assistant coach are not removed from team sideline/dugout by Referee/Umpire
- Coach and assistant coach remain within the technical area
- No delay of game is used by coach/es at restarts

❖ 1 point removed for each of the following...

- Each occurrence of offensive, abusive, or insulting language or gesture used (in the opinion of any officiating team member) by a coach/assistant coach towards any player, coach, or
- Coach or assistant coach do not participate in the end of match handshake with opposing team and coach
- Coach or assistant coach enters the field of play without invitation by Referee/Umpire
- Each flagrant or technical foul received by head coach or assistant coach
- Coach or assistant coach removed from team sideline/dugout by Referee/Umpire
- Coach or assistant coach is persistently outside the technical area
- Persistent delay of game by coach/es at restarts

4. SPECTATOR COOPERATION (with players, coaches, and spectators of either team)

❖ **2 points are awarded, if, in the opinion of the Officiating Team...**

- No offensive, abusive, or insulting language or gesture(s) is used (in the opinion of any member of the officiating team) by a spectator towards players, coaches, or spectators of either team

❖ **1 point removed for each of the following...**

- Each occurrence of offensive, abusive, or insulting language or gesture used (in the opinion any member of the officiating team) by a spectator towards players, coaches, and spectators of either team
- Spectator(s) is sent off by a member of the Officiating Team
- Spectators "coach" team from opponent's sideline or either goal line
- Spectators use artificial noise makers (air horn, bull horn, etc.)
- Spectators intentional making of noise/distraction during penalty/free-throw point attempts
- Spectators causing unauthorized objects to enter the field of play
- Spectators intentionally decline to move to their designated side of the field/court during the match

5. COURTESY TO THE OFFICIALS (by players, coaches, and spectators of either team)

❖ **2 points are awarded, if, in the opinion of the Officiating Team...**

- No offensive, abusive, or insulting language or gesture(s) is used (in the opinion of any member of the officiating team) by a player, coach or assistant coach, or spectator towards any member of the officiating team during, before or after the match
- All players participate in the end of match handshake with each referee

❖ **1 point removed for each of the following...**

- Each occurrence of offensive, abusive, or insulting language or gesture used (in the opinion of any member of the referee team) is used by coaches, players, or spectator towards any member of the referee team
- For every player who does not participate in the end of match handshake with each member of the referee team
- Coach does not participate in the end of match handshake with each member of the referee team
- Coaches or spectators express repeated disagreement towards any member of the referee team about calls made during the match
- Players, coaches, or spectators continue to interfere with Assistant Referee after being instructed to move

6. LEAGUE DEDUCTION OF SPORTSMANSHIP POINTS

Sportsmanship Points can be deducted by the Youth Sports League Staff for the following additional reasons:

- If Team/Coach does not reflect good sportsmanship by intentionally and blatantly or persistently running the score up (to be handled with discretion at the division level).
- For each game a Team/Coach is not adhering to the minimum play requirement.
- For each game a Team/Coach is not adhering to requests by officiating staff to address behavior of players or spectators

PENALTIES EXPLAINED

Schools or teams who have lost good standing may have the opportunity to have it reinstated.

PENALTY

- A. Team Drops One Rank:** Team will drop from current ranking seat to the one immediately below before post-season play begins. (Example: Dropping from 1st Place to 2nd Place)
- B. Team Drops Two Ranks + May Not Play for 1st or 2nd Place :** Team will drop from current ranking seat to the two seats immediately below before post-season play begins. Team will not continue beyond games playing for 3rd Place. (Example: Dropping from 1st Place to 3rd Place)
- C. Team May Not Advance into Post Season Play:** Team is removed from post season schedule and their season will end with regular season
- D. Team May Not Advance + School Loses Priority Registration:** Team is removed from post season schedule and their season ends with regular season. The school or organization sponsoring the team loses priority registration immediately. All teams from that school or organization that wish to participate will be placed on a waitlist and registered if space allows after the predesignated open registration period. All registered teams (with completed registration form and payment submitted before penalty is determined) will continue into the upcoming league. Penalty remains until good standing is reinstated.
- E. Team May Not Advance + School Suspended from Registration:** Team is removed from post season schedule and their season ends with regular season. The school or organization sponsoring the team is no longer eligible to register any teams for the upcoming season in all divisions within that league. All registered teams (with completed registration form and payment submitted before penalty is determined) will continue into the upcoming league. Penalty remains until good standing is reinstated.

REINSTATING GOOD STANDING

Schools or teams who have lost good standing may have the opportunity to have it reinstated.

Penalties A – C: Non-reversible. Coaches and administrators may inquire at the end of each game regarding sportsmanship points retained and may view point totals on Teamsideline.com/Oxnard within a week of the game being completed. Coaches and administrators are encouraged to be proactive. Administrators are encouraged to attend games to help manage sportsmanship and behavior during games, and hold appropriate parties accountable.

Penalty D: Though the penalized team may not advance beyond regular season, its school/organization may regain original registration priority by completing each of the following steps:

1. Head Coach from penalized team must complete the Character Driven Coaching Course (approx. 2 hrs) offered online through NAIA.org.
 - a. Copy of the Character Driven Coaching Course completion certificate must be submitted to the Recreation Office at least one week (7 days) prior to the start of the intended season's earliest registration period.
2. School must host sportsmanship/character in sports program for Youth Sports participants.
 - a. Flyer announcing the event and post-event summary from a **school administrator** must be submitted to Recreation Office at least one week (7 days) prior to the start of the intended season's earliest registration period.
 - b. School administrator, for the purposes of Oxnard Youth Sports, is defined as a principal, assistant principal, athletic director, district superintendent, or district assistant superintendent directly working with penalized school site or organization. Teachers, coaches, office managers, volunteers, or others not also serving in one of the listed previously listed positions do not qualify as a school administrator.

Penalty E: Though the penalized team may not advance beyond regular season, its school/organization may regain registration eligibility by completing each of the following steps:

1. Head Coach and any assistant coaches from penalized team must complete the Character Driven Coaching Course (approx. 2 hrs) offered online through NAIA.org.
 - a. Copy of the Character Driven Coaching Course completion certificate must be submitted to the Recreation Office at least two weeks (14 days) prior to start of the intended season's earliest registration period.
2. School must host mandatory sportsmanship/character in sports program for Youth Sports participants, coaches, and parents.
 - a. Flyer announcing the event must be submitted to Recreation Office at least two weeks (14 days) before the scheduled event to ensure a Youth Sports staff member is in attendance.
 - b. Program must be completed at least two weeks (14 days) prior to start of intended season's earliest registration period.

Contact Us

Oxnard Teamsideline webpage:

<https://teamsideline.com/Oxnard>

OR

Google “Oxnard Teamsideline” > click “City of Oxnard Recreation & Community Services”

Recreation Specialists

Vivien Sandoval

vivien.sandoval@oxnard.org

(805) 385-7966

Cynthia Hernandez

cynthia.hernandez@oxnard.org

(805) 385-7966

Corey Almaguer

corey.almaguer@oxnard.org

(805) 385-7966

Recreation Coordinator

Cristian Reyes

cristian.reyes@oxnard.org

(805) 385-7966

Cultural and Community Services Office

305 West third Street

Oxnard, CA 93030

(805) 385- 7995

www.oxnardrec.org

Office hours

Monday- Thursday: 8am to 6pm

Friday: 8am to 5pm

(Closed every other Friday)

FIELD TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

☐ In-state

(Minor)

☐ Out-of-state

Completion of this form is required for all field trips / excursions.

Name of Student

Date of Birth (for emergency purposes)

Student Address

Name of School

Class/ Program

Teacher

Date(s) of Field Trip/Excursion

Location of Field Trip/Excursion

Transportation Provider

1. **I hereby give permission** for my child or ward (named above) to participate in this Field Trip or Excursion.
2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this Field Trip or Excursion?
☐ No ☐ Yes. Please explain _____
3. **Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child or ward required to take medication during the course of this Field Trip or Excursion?
☐ No ☐ Yes **Parent/Guardian must contact the school office** to obtain form SFA-5030, "Authorization For Medications Taken During School Hours, School Activities and Field Trips" (which must be signed by parent/guardian and child or ward's physician).
4. **If you have health insurance, please list:**

Health Insurance Company

Policy Number

Group Number

5. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

Emergency Contact

Telephone

Emergency Contact

Telephone

6. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.
7. **Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:
"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."
In providing consent for my child or ward to attend and participate in this Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.
I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.
8. **In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).
9. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

Signature of Parent/Guardian

Date

Home telephone

Work telephone

Mobile telephone or pager

AUTORIZACIÓN PARA PASEO EDUCATIVO Y EXCURSIÓN Y AUTORIZACIÓN PARA TRATAMIENTO MEDICO

☐ Dentro del Estado

(Menor de Edad)

☐ Fuera Del Estado

Es un requisito completen esta forma para todos los paseos educativos o excursiones.

Nombre del Estudiante

Fecha de Nacimiento (para los propósitos de emergencia)

Dirección del Estudiante

Nombre de la Escuela

Clase/Programa

Maestro

Fecha(s) de Paseo Educativo/ la Excursión

Ubicación del Paseo Educativo / la Excursión

Proveedor de Transporte Escolar

1. **Por medio de la presente autorizó que mi hijo(a) o menor de edad (nombre escrito anteriormente) para participar en este paseo educativo o excursión.**
2. **Con respecto a la asistencia especial o modificaciones:** ¿Es necesario que se le facilite asistencia especial o modificaciones a su hijo(a) o menor de edad para que participe en este paseo educativo o excursión?
☐ No ☐ Si Explique por favor. _____
3. **Con respecto a la administración de medicamento:** Todos los medicamentos deben ser recetados, **incluyendo** los medicamentos sin receta. ¿Es requisito que su hijo(a) o menor de edad tome medicamento durante el curso de este paseo educativo o excursión?
☐ No ☐ Si **El padre o tutor legal debe comunicarse con su escuela** para obtener la solicitud forma SFA-5030S, "Autorización Para Cualquier Medicamento Tomado Durante Horas Escolares, Actividades Escolares, Y Paseo" (el cual debe ser firmado por el padre o tutor legal o el médico del niño(a) o menor de edad).
4. **Si usted tiene seguro médico, por favor regístrelo:**

Compañía de Seguro Médico

Número de Póliza

Número de Grupo

5. **Por favor enumere los nombres de contacto de emergencia adicional, si el padre/tutor no están disponible:**

Contacto de emergencia

Teléfono

Contacto de emergencia

Teléfono

6. **Conducta:** Yo comprendo cabalmente que todos los participantes deben de acatar y aceptar todas las reglas y los requisitos que rigen la conducta durante el Paseo Educativo o la Excursión. Hasta cierto punto permitido por el Código de Educación, cualquier participante que se determine estar en violación de las normas de conducta será enviado a casa a gasto propio del participante o gasto de sus padres o tutores legales.
7. **Renuncia de reclamaciones:** Comprendo que el artículo 35330 del Código Educativo de California establece la siguiente información:
"Todas las personas participantes en los paseos educativos o las excursiones considerarán renunciar a todos los derechos (reclamaciones) en contra del distrito, una escuela autónoma, o el Estado de California por motivo de una lesión, un accidente, una enfermedad o fallecimiento ocurrido durante ó a causa del paseo educativo o la excursión. Todos los adultos que realicen paseos educativos o excursiones fuera del estado y todos los padres de familia o tutores legales de los alumnos que participen en paseos educativos o excursiones fuera del estado firmarán una declaración renunciando a todos los derechos."
Al proveerle consentimiento a mi hijo(a) o al menor de edad para asistir y participar en este paseo educativo o excursión, yo renuncio a todas las reclamaciones en contra del distrito por motivo de una lesión, un accidente, una enfermedad, o fallecimiento ocurrido durante o por consecuencia de este paseo educativo o excursión.
Yo comprendo que el distrito no requiere la participación de mi hijo(a) o del menor de edad en este paseo educativo o excursión y yo presento esta petición voluntariamente, debido a que deseo que mi hijo(a) o el menor de edad participe en el paseo educativo o excursión. Igualmente, comprendo que, si no autorizo la participación de mi hijo(a) o del menor de edad, éste participará en actividades alternativas, por las cuales mi hijo(a) o el menor de edad recibirá créditos completos.
8. **En caso de una enfermedad o una lesión,** por la presente doy consentimiento de cualquier transporte, radiografías, examen, anestesia, diagnostico quirúrgico médico, dental o tratamiento y cuidado de hospital por parte de un médico acreditado considerado necesario para la seguridad y el bienestar de mi hijo o del menor de edad. Queda entendido que los gastos generados serán la responsabilidad del (de los) padre(s) / del (de los) tutor(es) del menor de edad.
9. **He leído cuidadosamente esta solicitud, comprendo cabalmente su contexto y voluntariamente acepto los términos y su proceso.**

Firma de los Padres/Tutor

Fecha

Teléfono de Casa

Teléfono de Trabajo

Teléfono de celular o bíper

Original – Supervisor de Paseo Educativo/Excursión

Copy – Escuela

Copy – Padre/Madre/Guardián

SFA 2010S, Rev. 3/31/2016



Evento o Actividad Extracurricular Formulario de Asunción de Riesgo

Nombre de estudiante (letra molde)

Fecha de nacimiento

Padre o tutor legal (Por favor imprima)

Dirección del estudiante

Escuela/Agencia Educativa Local

Asesor de eventos o actividades (personal)

Evento o actividad extracurricular voluntaria

- ☐ Atletismo relacionado con la escuela
- ☐ Actividades del club relacionadas con la escuela
- ☐ Actividades culturales relacionadas con la escuela
- ☐ Actividades de artes escénicas relacionadas con la escuela
- ☐ Actividades sociales relacionadas con la escuela
- ☐ Actividades comunitarias relacionadas con la escuela
- ☐ Otro: _____

Autorizo a mi hijo(a), nombrado anteriormente, a participar en el evento o actividad extracurricular. Entiendo y reconozco que las actividades, por su propia naturaleza, representan el riesgo potencial de lesiones y/o enfermedades graves para las personas que participan en dichos eventos o actividades.

Este evento o actividad, por su propia naturaleza, puede representar algún riesgo inherente de que un participante sufra lesiones graves, antes, durante y/o después de la actividad o evento, incluido el transporte, ya sea proporcionado por la agencia educativa local (LEA) o no. Estas lesiones pueden incluir, pero no se limitan a las siguientes:

- | | |
|--|---|
| 1. Esguinces y distensiones | 7. Pérdida de la vista |
| 2. Quebraduras | 8. Lesiones en la cabeza o conmoción cerebral |
| 3. Laceraciones, abrasiones y avulsiones | 9. Enfermedades causadas por el calor |
| 4. Inconsciencia | 10. Paro cardíaco repentino |
| 5. Parálisis | 11. Muerte |
| 6. Desfiguración | 12. Exposición a enfermedades infecciosas |

Entiendo y reconozco que la participación en estos eventos o actividades es completamente electiva y voluntaria y no es requerida por la LEA o la escuela para completar los requisitos de promoción o graduación. También entiendo que, si no doy mi consentimiento para la participación de mi hijo(a) en el evento o actividad, se le puede ofrecer un evento o actividad alternativa y se le puede ofrecer o no un posible crédito para la graduación.

Entiendo que todos los participantes deben cumplir y aceptar todas las reglas y requisitos que rigen la conducta y la seguridad en el evento o actividad. En la medida permitida por el Código de Educación u otros estatutos, reglamentos, políticas y procedimientos aplicables, cualquier participante que se determine que viola los requisitos de seguridad, las normas de comportamiento u otra conducta prohibida puede ser eliminado de este evento o actividad.

Entiendo y reconozco que para participar en estas actividades, mi hijo(a) y yo aceptamos asumir la responsabilidad por todos y cada uno de los riesgos potenciales que puedan estar asociados con la participación en eventos o actividades.

También entiendo que la LEA/Escuela, debido al virus COVID-19 u otras enfermedades infecciosas potenciales, ha emprendido un plan para facilitar un entorno seguro para los programas educativos, además de eventos o actividades extracurriculares, cocurriculares y deportivos/atleticos. Al hacerlo, entiendo además que la LEA / Escuela ha adoptado planes diseñados para cumplir con los requisitos y recomendaciones de las agencias estatales, asesores de salud y otros organismos responsables. Sin embargo, también entiendo y reconozco que a pesar de los esfuerzos de la LEA y la escuela, el riesgo de infección por el virus COVID-19, u otras infecciones, no se puede eliminar en este momento, y que mi hijo(a) puede estar expuesto como resultado. También entiendo y reconozco que al participar en este evento o actividad extracurricular voluntaria, mi hijo(a) aumentará su interacción con los estudiantes y el personal, y el riesgo correspondiente de contacto e infección, y que esto puede incluir funciones que involucren a otras personas y/o instalaciones que no sean las LEA. Estos otros estudiantes, instructores, asistentes e instalaciones están operando probablemente bajo un plan de seguridad COVID-19 diferente, lo que aumenta aún más el riesgo de exposición de mi hijo(a). Finalmente, entiendo, reconozco y estoy de acuerdo en que, a pesar del cuidado razonable y los pasos de la LEA /Escuela, que el virus presenta serios desafíos para la prevención y el control, y los esfuerzos razonables de la LEA/Escuela no aseguran que mi hijo(a) no esté infectado y que la infección no se pueda llevar a casa. A pesar de todo lo anterior, estoy firmando libre y voluntariamente este formulario para permitir y autorizar a mi hijo(a) a participar y liberar y descargar a la LEA/Escuela y su junta directiva, funcionarios, agentes, empleados y/o voluntarios de cualquier responsabilidad si mi hijo(a) llegara a infectarse por su participación en el evento o actividad.

Acepto, y por la presente libero y eximo de responsabilidad a la LEA/Escuela y su junta directiva, funcionarios, agentes, empleados y/o voluntarios por cualquier reclamo; Demandas; causas de acción; responsabilidad; daños y perjuicios; expensas; o pérdida de cualquier tipo, incluidas lesiones corporales o muerte; debido a o que surjan de actos u omisiones con respecto al evento o actividad, incluidos los programas o procedimientos de la LEA/Escuela para estudiantes y la participación en dichos eventos o actividades

Reconozco que he leído cuidadosamente este formulario y que entiendo y acepto sus términos.

Firma (Estudiante)

Fecha

Firma (Padre o Tutor Legal)

Fecha

Teléfono principal

Teléfono alternativo



Extracurricular Event or Activity Assumption of Risk Form

Student name (Please print)

Birth date

Parent or legal guardian (Please print)

Student address

School/Local Educational Agency

Event or Activity Advisor (Staff)

Voluntary Extracurricular Event or Activity

- ☐ school-related athletics
- ☐ school-related club activities
- ☐ school-related cultural activities
- ☐ school-related performing arts activities
- ☐ school-related social activities
- ☐ School-related community activities
- ☐ Other: _____

I authorize my son/daughter, named above, to participate in the indicated voluntary extracurricular event or activity. I understand and acknowledge that voluntary extracurricular activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such voluntary extracurricular events or activities.

This voluntary extracurricular event or activity, by its very nature, may pose some inherent risk of a participant being seriously injured, before, during, and/or after the activity or event, including transportation whether provided by the local educational agency (LEA) or not. These injuries may include, but are not limited to, the following:

- | | |
|--|-------------------------------------|
| 1. Sprains and strains | 7. Loss of eyesight |
| 2. Fractured bones | 8. Head injuries or concussion |
| 3. Lacerations, abrasions, and avulsions | 9. Heat illness |
| 4. Unconsciousness | 10. Sudden cardiac arrest |
| 5. Paralysis | 11. Death |
| 6. Disfigurement | 12. Exposure to infectious diseases |

I understand and acknowledge that participation in voluntary extracurricular events or activities is completely elective and voluntary and is not required by the LEA/School for completion of promotion or graduation requirements. I also understand that, if I do not consent to my son's/daughter's participation in the voluntary extracurricular event or activity, he/she may be offered an alternative event or activity and possible credit for promotion or graduation may or may not be offered.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the voluntary extracurricular event or activity. To the extent permitted by the Education Code or other applicable statutes, regulations, policies and procedures, any participant determined to be in violation of safety requirements, behavior standards or other prohibited conduct may be removed from this voluntary extracurricular event or activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in voluntary extracurricular events or activities.

I also understand that the LEA/School, due to the COVID-19 virus or other potential infectious diseases, has undertaken a plan to facilitate a safe environment for educational programs in addition to extracurricular, co-curricular and sport/athletic events or activities. In doing so, I further understand that the LEA/School has adopted plans designed to meet the requirements and recommendations of state agencies, health advisors and other responsible bodies. However, I also understand and acknowledge that despite the LEA's and School's efforts, the risk of infection from the COVID-19 virus, or others, cannot be eliminated at this time, and that my son/daughter may be exposed as a result. I also understand and acknowledge that in participating in this voluntary extracurricular event or activity, my son/daughter will increase his/her interaction with students and staff, and the corresponding risk of contact and infection, and that this may include functions involving other people and/or facilities other than the LEA's. These other students, instructors, assistants, and facilities are potentially operating under a different COVID-19 safety plan, further increasing the risk of exposure of my son/daughter. Finally, I understand, acknowledge, and agree that despite reasonable care and steps by the LEA/School, that the virus presents serious challenges to prevention and control, and reasonable efforts by the LEA/School does not assure that my son/daughter may not be infected, and that the infection may not be brought home. Despite all the above I am freely and voluntarily signing this "Extracurricular Event or Activity, Assumption of Risk Form" to enable and authorize my son/daughter to participate and releasing and discharging the LEA/School and its/their governing board, officers, agents, employees and/or volunteers from any liability for my son/daughter becoming infected in his/her participation in the event or activity.

I agree to, and do hereby release and hold the LEA/School and its governing board, officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the voluntary extracurricular event or activity, including programs or procedures of the LEA/School for students and participation in such events or activities

I acknowledge that I have carefully read this "Extracurricular Event or Activity, Assumption of Risk Form" and that I understand and agree to its terms.

Signature (Student)

Date

Signature (Parent or legal guardian)

Date

Primary telephone

Alternate telephone

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking	

Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below.	
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens <input type="checkbox"/> Food <input type="checkbox"/> Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, 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 <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. 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

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____



Please note:

This is a voluntary training
NO compensation will be
paid for attending

Fall ♦ Winter ♦ Spring Sports

First Aid/CPR &

Automated External Defibrillator Training

For Sport Coaches

2023-2024

ABOUT THE TRAINING: Action Preparedness Training will provide OSHA and EMSA compliant CPR/First Aid and AED training. Certification is valid for 2 years.

WHO: All OSD Sports Coaches

DRESS CODE: Wear comfortable clothing and tennis shoes. No open toe shoes or sandals please, bring light snack and water.



**MASK
STRONGLY
RECOMMENDED**

Fall	Saturday, September 23, 2023
Winter	Saturday, November 18, 2023
Spring	Saturday, January 27, 2024



**Click Here
To Register**

GUIDELINES FOR GENDER IDENTITY PARTICIPATION

GENDER IDENTITY PARTICIPATION - All students should have the opportunity to participate in CIF activities in a manner that is consistent with their gender identity, irrespective of the gender listed on a student's records. The student and/or the student's school may seek review of the student's eligibility for participation in interscholastic athletics in a gender that does not match the gender assigned to him or her at birth, via the following procedure below should either the student or the school have questions or need guidance in making the determination.

Once the student has been granted eligibility to participate in interscholastic athletics consistent with his/her gender identity, the eligibility is granted for the duration of the student's participation and does not need to be renewed every sports season or school year. All discussion and documentation will be kept confidential, and the proceedings will be sealed unless the student and family make a specific request.

1. **NOTICE TO THE SCHOOL:** The student and/or parents shall contact the school administrator or athletic director indicating that the student has a consistent gender identity different than the gender listed on the student's school registration records, and that the student desires to participate in activities in a manner consistent with his/her gender identity.
2. **NOTICE TO THE CIF:** The school administrator shall contact the CIF office, which will assign a facilitator who will assist the school and student in preparation and completion of the CIF Gender Identity eligibility appeal process.
3. **FIRST LEVEL OF APPEAL:** The student will be scheduled for an appeal hearing before an eligibility committee specifically established to hear gender identity appeals. The CIF shall schedule a hearing as expeditiously as possible, but in no case later than five (5) school business days of that member school prior to the first full interscholastic contest that is the subject of the petition, or within a reasonable time thereafter in cases of emergency, including, but not limited to, any unforeseeable late student enrollment. The Gender Identity Eligibility Committee will be comprised of a minimum of three (3) of the following persons one of whom must be from the physician or mental health profession category:
 - A. Physician with experience in gender identity health care and the World Professional Association for Transgender Health (WPATH) Standards of Care.
 - B. Psychiatrist, psychologist or licensed mental health professional familiar with the World Professional Association for Transgender Health (WPATH) Standards of Care.
 - C. School administrator from a non-appealing school
 - D. CIF staff member
 - E. Advocate familiar with Gender Identity and Expression issues
4. **DOCUMENTATION:** The appealing student should provide the Eligibility Committee with the following documentation and information:
 - A. Current transcript and school registration information
 - B. Documentation of student's consistent gender identification (e.g., affirmed written statements from student and/or parent/guardian and /or health care provider)
 - C. Any other pertinent documentation or information
5. **SECOND LEVEL OF APPEAL:** An aggrieved student wishing to appeal the Gender Identity Eligibility Committee decision shall file notice of appeal with the Executive Director of the CIF on or before the tenth (10th) school business day following the date of receipt of the written decision of the Gender Identity Eligibility Committee denying the petition. An appeal to the CIF Executive Director shall require the Executive Director to schedule a hearing to commence on or before the tenth (10th) school business day following the date of receipt of the written notice of appeal. Written notice of the time and place of the hearing shall be delivered to the petitioned appellant in person or by certified mail, with return receipt requested, no later than five (5) school business days of that member school prior to the date of the hearing. When there is confirmation of a student's consistent gender identity, the eligibility committee/CIF Executive Director will affirm the student's eligibility to participate in CIF activities consistent with the student's gender identification. The CIF will facilitate the provision of resources and training for a member school seeking assistance regarding gender identity.

For Additional information on Gender Identity, refer to APPENDIX (located on following page)

APPENDIX – GENDER IDENTITY

DEFINITIONS:

For the purposes of this policy, the following definitions apply:

1. **TRANSGENDER PERSON**

A person whose gender identity does not match the sex assigned to him or her at birth. This cross gender identification is often referred to as gender dysphoria. When the gender dysphoria causes clinically significant distress or impairment, it is sometimes classified as Gender Identity Disorder. A transgender person who is born female-bodied but identifies as male is referred to as a transgender man or a female-to-male transsexual. A transgender person who is born male-bodied but identifies as female is referred to as a transgender woman or a male-to-female transsexual.

2. **INTERSEX PERSON**

“Intersex” is a general term used to indicate a person born with a reproductive or sexual anatomy and/or chromosome pattern that doesn’t seem to fit the typical definitions of female or male. This may be the result of several different medical conditions involving chromosomal variations, hormonal variations, ambiguous genitalia, and/or an anatomy that includes both male and female characteristics. The medical term for this condition is a Disorder of Sexual Development of “DSD.” “Intersex” is not the same as “transgender,” although some people identify as both intersex and transgender. However, the two groups may face similar situations in needing to change gender designations for the purposes of participation in school activities.

3. **GENDER IDENTITY**

A person’s deeply-felt internal sense of being male or female.

4. **GENDER EXPRESSION**

A person’s external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns and social interactions.

CORE VALUES:

The CIF Gender Identity policy has been developed based on the following core values:

- Acknowledging that the CIF policy will likely need to be reviewed and revised to reflect increased medical understanding and evolving societal norms
- Grounding a policy in sound medical practice
- Enacting a policy that will maximize flexibility and privacy with minimal restrictions
- Providing a space for intersex and transgender students to exist and thrive
- Reducing bullying and harassment of students
- Preserving existing practices regarding girls’ participation on boys’ teams as per current CIF policy.
- Recognizing the value of education based athletics for all students
- Emphasizing that participation in education based athletics is not just allowed, but encouraged for all students
- Adhering to California state and federal law regarding gender equity and educational opportunity
- Operating from the presumption that all students will have access to programs and eligibility policies
- Creating a level playing field for all students
- Reducing economic barriers, especially for minority populations
- Addressing the concerns of parents, teachers and coaches through an educational component



Oxnard School District



Oxnard School District (OSD) values our parents and community members in becoming volunteers for the District. OSD looks forward to reviewing your completed application and welcoming you as a volunteer in our schools! OSD staff is confident you will bring a positive and professional attitude to this committed work. OSD procedures and guidelines are aligned to board policy. Thank you for your interest in becoming part of the Oxnard School District.

7 Simple Steps to become an Approved Volunteer in OSD:

1. Acquire a Volunteer Application Form from your school site and complete it. (Must be 21 years or older)
2. Schedule an appointment to have your fingerprint (DOJ/FBI) completed.
3. Bring a valid California Driver's License or California issued ID to your appointment
4. Bring your Negative TB (Tuberculosis) Clearance to your appointment (10 hours or more a month volunteer)
5. Sign Volunteer Code of Conduct Form
6. Complete Molestation Prevention Training/Information
7. Submit TDAP, MMR and Flu shot Clearance (Pre-K only)

SPORTS COACHES VOLUNTEER - ADDITIONAL REQUIREMENTS

8. Current First Aid Certification
9. Current CPR/AED Certification
10. Complete Concussion Training Online (Every 2 years)
11. Complete Sudden Cardiac Arrest Training Online (Every 2 years)
12. Heat Illness Protocols Training (Annually)
13. Sign Code of Conduct and Expectations for Coaches

To schedule an appointment to become volunteer, request a Volunteer Application from your school site and please call the technician assigned to your site (see below)

Once all requirements have been satisfied, the Human Resources Office will notify the volunteer, School Principal, and school Office Manager. It is the school's responsibility to inform teachers of clearances.

Tammie Allen 805-385-1501 ext. 2054/ For Spanish: HR Technician ext. 2053		Both English & Spanish Junaid Badshah 805 385-1501 ext. 2055	Both English & Spanish Junaid Badshah 805 385-1501 ext. 2055
McAuliffe	Soria	Sierra Linda	Driffill
Marshall	Frank	Rose	Elm
Brekke	Lopez	Lemonwood	Kamala
Ritchen	Chavez	Marina West	McKinna
Harrington	San Miguel/	Fremont	Ramona
District Office	Pre-K	Curren	
(Sped, etc..)			
After School Programs			

Policy 1240: Volunteer Assistance

Status: ADOPTED

Original Adopted Date: 10/19/2011 | **Last Revised Date:** 02/01/2012

The Board of Trustees recognizes that volunteer assistance in schools can enrich the educational program, increase supervision of students, and contribute to school safety while strengthening the schools' relationships with the community. The Board encourages parents/guardians and other members of the community to share their time, knowledge, and abilities with students.

(cf. 1000 - Concepts and Roles)

(cf. 1700 - Relations Between Private Industry and the Schools)

(cf. 4127/4227/4327 - Temporary Athletic Team Coaches)

(cf. 4222 - Teacher Aides/Paraprofessionals)

(cf. 5020 - Parent Rights and Responsibilities)

(cf. 5148 - Child Care and Development)

(cf. 5148.2 - Before/After School Programs)

(cf. 6020 - Parent Involvement)

(cf. 6171 - Title I Programs)

The Superintendent or designee shall develop and implement a plan for recruiting, screening, and placing volunteers, including strategies for reaching underrepresented groups of parents/guardians and community members. He/she may also recruit community members to serve as mentors to students and/or make appropriate referrals to community organizations.

(cf. 1020 - Youth Services)

(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)

As appropriate, the Superintendent or designee shall provide volunteers with information about school goals, programs, and practices and an orientation or other training related to their specific responsibilities. Employees who supervise volunteers shall ensure that volunteers are assigned meaningful responsibilities that utilize their skills and expertise and maximize their contribution to the educational program.

Volunteer maintenance work shall be limited to those projects that do not replace the normal maintenance duties of classified staff. The Board nevertheless encourages volunteers to work on short-term projects to the extent that they enhance the classroom or school, do not significantly increase maintenance workloads, and comply with employee negotiated agreements (See CSEA Collective Bargaining Agreement, Article 23).

Volunteer aides shall not be used to assist certificated staff in performing teaching or administrative responsibilities in place of regularly authorized classified employees who have been laid off. (Education Code 35021)

Volunteers shall act in accordance with district policies, regulations, and school rules. The Superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

(cf. 0410 - Nondiscrimination in District Programs and Activities)

(cf. 3515.2 - Disruptions)

The Board encourages principals to develop a means for recognizing the contributions of each school's volunteers.

(cf. 1150 - Commendations and Awards)

Qualifications

The Superintendent or designee shall establish procedures for determining whether volunteers possess the qualifications, if any, required by law and administrative regulation for the types of duties they will perform.

A volunteer who obtained both a Department of Justice and Federal Bureau of Investigation criminal background clearance through the district prior to July 1, 2010 shall have satisfied this requirement. (Education Code 49024)

Regulation 1240: Volunteer Assistance

Status: ADOPTED

Original Adopted Date: 10/19/2011 | **Last Revised Date:** 02/01/2012

Duties of Volunteers

Volunteers may assist certificated personnel in the performance of their duties, in the supervision of students, and in instructional tasks which, in the judgment of the certificated personnel to which the volunteer is assigned, may be performed by a person not licensed as a classroom teacher. These duties shall not include assignment of grades to students. (Education Code 45343, 45344, 45349)

(cf. 4222 - Teacher Aides/Paraeducators)

(cf. 5148 - Child Care and Development)

(cf. 5148.2 - Before/After School Programs)

Volunteers may supervise students during lunch, breakfast, or other nutritional periods or may serve as nonteaching aides under the immediate supervision and direction of certificated personnel to perform noninstructional work which assists certificated personnel in the performance of teaching and administrative responsibilities. (Education Code 35021, 44814, 44815)

In addition to the above, examples of volunteer duties may include, but are not limited to:

- * Fundraising Activities
- * Assisting on Field Trips
- * Assisting with Classroom Attendance Incentives
- * Assisting with the Student Store
- * Assisting on Health and Fitness Days
- * Reading to Students
- * Assisting Classroom Teachers in School Libraries and/or Computer Labs
- * Assist Students with Cutting, Gluing, etc.
- * Assist Teachers with Laminating or Copying
- * Participate in Scholastic Book Orders/Box Tops
- * Coaching After School
- * Assist with Judging Science Fairs, Spelling Bees, etc.
- * Assist with Family Night
- * Assist with Art Projects
- * Participate in Career Day
- * Assist Students with Opening Food Containers
- * Participate as a Guest Speaker or Expert
- * Place Extra Curricular Materials in School Mail Boxes with Permission of Principal
- * Posting Art on School Bulletin Boards
- * Volunteers may work on short-term facilities projects pursuant to Board policy and the section below entitled "Volunteer Facilities Projects."

- * Volunteers are prohibited from engaging in the following:
- * Providing Direct Instruction to Students
- * Working alone with Student(s)
- * Participate in Work that Supplants Work from District Staff
- * Working in the School Office
- * Transport Students in Personal Vehicles
- * Provide Translating Services
- * Work Alone in School Library or Computer Lab
- * Hanging Items on the Ceiling

Qualifications

Volunteers providing supervision or instruction of students pursuant to Education Code 45349 shall give evidence of basic skills proficiency. (Education Code 45344.5, 45349)

(cf. 4212 - Appointment and Conditions of Employment)

Any volunteer working with students in a district-sponsored student activity program shall obtain an Activity Supervisor Clearance Certificate or criminal background check in accordance with Board policy. The Superintendent or designee shall determine which volunteer positions in the district are subject to this requirement.

(cf. 4212.5 - Criminal Background Check)

"Student activity programs" include, but are not limited to, scholastic programs, interscholastic programs, and extracurricular activities sponsored by the district or a school booster club, such as cheer team, drill team, dance team, and marching band. This requirement shall not apply to volunteer supervisors for breakfast, lunch, or other nutritional periods or to volunteer nonteaching aides under the immediate supervision and direction of certificated personnel pursuant to Education Code 35021, including parents/guardians volunteering in a classroom or on a field trip or community members providing noninstructional services. (Education Code 49024)

(cf. 4127/4227/4327 - Temporary Athletic Team Coaches)

(cf. 6145 - Extracurricular and Cocurricular Activities)

The Superintendent or designee shall not assign any person required to register as a sex offender pursuant to Penal Code 290 as a volunteer who assists certificated personnel in the performance of their duties; supervises students during lunch, breakfast, or other nutritional period; or serves as a nonteaching aide to perform noninstructional tasks. In addition, a person who is required to register as a sex offender because of a conviction for a crime where the victim was a minor under age 16 shall not serve as a volunteer in any capacity in which he/she would be working directly and in an unaccompanied setting with minors on more than an incidental and occasional basis or have supervision or disciplinary power over minors. (Education Code 35021, 45349; Penal Code 290.95)

(cf. 3515.5 - Sex Offender Notification)

The Superintendent or designee may require all volunteers to disclose their status as a registered sex offender and/or provide the district with sufficient information in order to allow verification of this status on the Department of Justice's Megan's Law web site.

No volunteer shall be assigned to supervise or instruct students unless he/she has submitted evidence of an examination within the past 60 days to determine that he/she is free of active tuberculosis. Volunteers who test negative shall thereafter be required to take a tuberculosis test every four years in accordance with Education Code 49406. (Education Code 45106, 45347, 45349, 49406)

(cf. 4112.4/4212.4/4312.4 - Health Examinations)

The Superintendent or designee may exempt from tuberculosis testing requirements those volunteers who serve less than a school year and whose functions do not require frequent or prolonged contact with students. (Education Code

49406)

Volunteers who serve on a regular and frequent basis shall be required to undergo a Criminal Background Check (Fingerprints) and must provide verification of Tuberculosis Clearance. Regular and Frequent shall be defined as any volunteer who works with students for three (3) or more hours per week for a period of three (3) or more weeks per school year.

Volunteer Facilities Projects

All volunteer facilities projects shall have approximate start and completion dates and shall follow an approval policy as defined in CSEA Collective Bargaining Agreement, Article 23. Projects also shall be approved in advance by the Superintendent or designee if they involve the following types of work:

1. Alterations, additions, or repairs to buildings and grounds
2. Construction involving wall or roof penetration, drilling, or nailing
3. Structural modifications
4. Electrical, electronic, plumbing, or heating and cooling work
5. Painting
6. Installation of carpet, playground equipment, benches, sprinkler systems, marquees or signs
7. Paving
8. Tree planting, pruning, or removal

The Superintendent or designee shall ensure that volunteers possess the appropriate license and/or have sufficient expertise appropriate to the project. He/she shall also ensure that such projects comply with building and safety codes and other applicable laws and collective bargaining agreements. The district shall provide on-site assistance and supervision for such projects as necessary. Projects shall be inspected upon completion to ensure that the work was done satisfactorily.

(cf. 3514 - Environmental Safety)

(cf. 3514.1 - Hazardous Substances)

(cf. 7140 - Architectural and Engineering Services)

Policy 6142.7: Physical Education And Activity

Status: ADOPTED

Original Adopted Date: 11/16/2011

The Board of Trustees recognizes the positive benefits of physical activity on student health and academic achievement. The district shall provide all students the opportunity to be physically active on a regular basis through high-quality physical education instruction and may provide additional opportunities for physical activity throughout the school day. The district's physical education and activity programs shall support the district's coordinated student wellness program and encourage students' lifelong fitness.

(cf. 5030 - Student Wellness)

(cf. 6142.8 - Comprehensive Health Education)

The district's physical education program shall provide a developmentally appropriate sequence of instruction aligned with the state's model content standards and curriculum framework. The Superintendent or designee shall ensure that the district's program provides students with equal opportunities for instruction and participation regardless of gender in accordance with law.

(cf. 0410 - Nondiscrimination in District Programs and Activities)

(cf. 6011 - Academic Standards)

(cf. 6143 - Courses of Study)

The overall course of study for grades 7-8 shall include the effects of physical activity upon dynamic health, the mechanics of body movement, aquatics, gymnastics and tumbling, individual and dual sports, rhythms and dance, team sports, and combatives. (Education Code 33352; 5 CCR 10060)

The district's physical education program shall engage students in moderate to vigorous physical activity, as defined in the accompanying administrative regulation, for at least 400 minutes every 10 days for 7-8 grades, and 200 minutes for K-6. The Superintendent or designee shall develop strategies to monitor the amount of moderate to vigorous physical activity that takes place in the physical education instructional program.

Students with disabilities shall be provided instruction in physical education in accordance with their individualized education program or Section 504 accommodation plan.

(cf. 6159 - Individualized Education Program)

(cf. 6164.6 - Identification and Education Under Section 504)

During air pollution episodes, extreme weather, or other inclement conditions, physical education staff shall make appropriate adjustments to the program or shall seek alternative indoor space to enable students to participate in active physical education.

(cf. 3514 - Environmental Safety)

(cf. 5141.7 - Sun Safety)

Staffing

Physical education instruction shall be delivered by appropriately credentialed teachers who may be assisted by instructional aides, Paraeducators, and/or volunteers.

(cf. 1240 - Volunteer Assistance)

(cf. 4112.2 - Certification)

(cf. 4222 - Teacher Aides/Paraeducators)

The district shall provide physical education teachers with continuing professional development, including classroom management and instructional strategies designed to keep students engaged and active and to enhance the quality of physical education instruction and assessment.

(cf. 4131 - Staff Development)

(cf. 5121 - Grades/Evaluation of Student Achievement)

Physical Fitness Testing

The Superintendent or designee shall annually administer the physical fitness test designated by the State Board of Education to students in grades 5-7. (Education Code 60800; 5 CCR 1041)

Temporary Exemptions

The Superintendent or designee may grant a temporary exemption from physical education under either of the following conditions: (Education Code 51241)

1. The student is ill or injured and a modified program to meet his/her needs cannot be provided.
2. The student is enrolled for one-half time or less.

Additional Opportunities for Physical Activity

The Superintendent or designee shall develop strategies to supplement physical education instruction with additional opportunities for students to be physically active before, during, and after the school day.

(cf. 1330.1 - Joint Use Agreements)

(cf. 5142.2 - Safe Routes to School Program)

(cf. 5148 - Child Care and Development Program)

(cf. 5148.2 - Before/After School Program)

(cf. 6145 - Extracurricular and Cocurricular Activities)

(cf. 6145.5 - Student Organizations and Equal Access)

Program Evaluation

The Superintendent or designee shall annually report to the Board the results of the state physical fitness testing for each school and applicable grade level. He/she shall also report to the Board regarding the number of instructional minutes offered in physical education for each grade level, the number of two-year and permanent exemptions granted pursuant to Education Code 51241, and any other data agreed upon by the Board and the Superintendent or designee to evaluate program quality and the effectiveness of the district's program in meeting goals for physical activity.

(cf. 0500 - Accountability)

(cf. 6190 - Evaluation of the Instructional Program)

Regulation 6142.7: Physical Education And Activity

Status: ADOPTED

Original Adopted Date: 11/16/2011

Definitions

Physical education is a sequential educational program that teaches students to understand and participate in regular physical activity for developing and maintaining physical fitness throughout their lifetimes, understand and improve their motor skills, enjoy using their skills and knowledge to establish a healthy lifestyle, and understand how their bodies work.

Physical activity is bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure, including exercise, sport, dance, and other movement forms.

Moderate physical activity is any activity which generally requires sustained, rhythmic movements and refers to a level of effort a healthy individual might expend while, for example, walking briskly, dancing, swimming, or bicycling on level terrain. A person should feel some exertion but should be able to carry on a conversation comfortably during the activity.

Vigorous physical activity is any activity which generally requires sustained, rhythmic movements and refers to a level of effort a healthy individual might expend while, for example, jogging, participating in high-impact aerobic dancing, swimming continuous laps, or bicycling uphill. Vigorous physical activity may be intense enough to result in a significant increase in heart and respiration rate.

Instructional Time

Instruction in physical education shall be provided for a total period of time of not less than 200 minutes each 10 school days. (Education Code 51210, 51223)

Students in a regional occupational program or center who are exempted from physical education pursuant to Education Code 52316 shall have a minimum school day of 180 minutes. (Education Code 52316)

(cf. 6178.2 - Regional Occupational Center/Program)

Monitoring Moderate to Vigorous Physical Activity

To monitor whether students are engaged in moderate to vigorous physical activity for physical education class or session time, the Superintendent or designee may, provide physical education teachers with staff development, self-monitoring tools, stopwatches, and/or heart rate monitors to assist them in planning and assessing the level of activity in their classes

(cf. 4115 - Evaluation/Supervision)

Physical Fitness Testing

During the annual assessment window between the months of February through May, students in grades 5-8 shall be administered the physical fitness test designated by the State Board of Education. (Education Code 60800; 5 CCR 1041)

(cf. 6162.5 - Student Assessment)

The Superintendent or designee may provide a make-up date for students who are unable to take the test based on absence or temporary physical restriction or limitations, such as students recovering from illness or injury. (5 CCR 1043)

On or before November 1 of each school year, the Superintendent may designate an employee to serve as the district's physical fitness test coordinator and so notify the test contractor. The test coordinator shall serve as the liaison between the district and California Department of Education for all matters related to the physical fitness test. His/her duties shall be those specified in 5 CCR 1043.4, including, but not limited to, overseeing the administration of the test and the collection and return of all test data to the test contractor. (5 CCR 1043.4)

Students shall be provided with their individual results after completing the physical performance testing. The test results may be provided in writing or orally as the student completes the testing and shall be included in his/her cumulative record. (Education Code 60800; 5 CCR 1043.10, 1044)

(cf. 5125 - Student Records)

Each student's test results shall also be provided to his/her parents/guardians.

The Superintendent or designee shall report the aggregate results of the physical fitness testing in the annual school accountability report card required by Education Code 33126 and 35256. (Education Code 60800)

(cf. 0510 - School Accountability Report Card)

Testing Variations

All students may be administered the state's physical fitness test with the following test variations: (5 CCR 1047)

1. Extra time within a testing day
2. Test directions that are simplified or clarified

All students may have the following test variations if they are regularly used in the classroom: (5 CCR 1047)

1. Audio amplification equipment
2. Separate testing for individual students provided that they are directly supervised by the test examiner
3. Manually Coded English or American Sign Language to present directions for test administration

Students with a physical disability and students who are physically unable to take all of the test shall undergo as much of the test as their physical condition will permit. (Education Code 60800; 5 CCR 1047)

Students with disabilities may be provided the following accommodations if specified in their individualized education program (IEP) or Section 504 plan: (5 CCR 1047)

1. Administration of the test at the most beneficial time of day to the student after consultation with the test contractor
2. Administration of the test by a test examiner to the student at home or in the hospital
3. Any other accommodation specified in the student's IEP or Section 504 plan for the physical fitness test

(cf. 6159 - Individualized Education Program)

(cf. 6164.6 - Identification and Education Under Section 504)

Identified English learners may be allowed the following additional test variations if regularly used in the classroom: (5 CCR 1048)

1. Separate testing with other English learners, provided that they are directly supervised by the test examiner
2. Test directions translated into their primary language, and the opportunity to ask clarifying questions about the test directions in their primary language

Additional Opportunities for Physical Activity

The Superintendent or designee shall implement strategies for increasing opportunities for physical activity outside the physical education program, which may include, but not be limited to:

1. Training recess and lunch supervisors on methods to engage students in moderate to vigorous physical activity

(cf. 1240 - Volunteer Assistance)

(cf. 4231 - Staff Development)

(cf. 5030 - Student Wellness)

2. Encouraging teachers to incorporate physical activity into the classroom
3. Establishing extracurricular activities that promote physical activity, such as school clubs, intramural athletic

programs, dance performances, special events, and competitions

(cf. 6145 - Extracurricular and Cocurricular Activities)

(cf. 6145.5 - Student Organizations and Equal Access)

4. Incorporating opportunities for physical activity into before- or after-school programs and/or child care and development programs

(cf. 5148 - Child Care and Development Program)

(cf. 5148.2 - Before/After School Program)

5. Exploring opportunities for joint use of facilities or grounds in order to provide adequate space for students and community members to engage in recreational activities

(cf. 1330.1 - Joint Use Agreements)

6. Developing business partnerships to maximize resources for physical activity equipment and programs

(cf. 1700 - Relations Between Private Industry and the Schools)

7. Developing programs to encourage and facilitate walking, bicycling, or other active transport to and from school

(cf. 5142.2 - Safe Routes to School Program)

Policy 6145.2: Athletic Competition

Status: ADOPTED

Original Adopted Date: 11/16/2011

The Board of Trustees recognizes that the athletic program constitutes an integral component of the educational program and helps to build a positive school climate. The athletic program also promotes the physical, social, and emotional well-being and character development of participating students. The athletic program shall be designed to meet students' interests and abilities and be varied in scope to attract wide participation.

(cf. 3541.1 - Transportation for School-Related Trips)

(cf. 5137 - Positive School Climate)

(cf. 6142.7 - Physical Education and Activity)

(cf. 7110 - Facilities Master Plan)

Nondiscrimination and Equivalent Opportunities in the Athletic Program

The district's athletic program shall be free from discrimination and discriminatory practices in accordance with state and federal law. The Superintendent or designee shall ensure that equivalent athletic opportunities are provided for both sexes.

(cf. 0410 - Nondiscrimination in District Programs and Activities)

(cf. 5145.3 - Nondiscrimination/Harassment)

(cf. 5145.7 - Sexual Harassment)

Any complaint regarding the district's athletic program shall be filed in accordance with the district's uniform complaint procedures.

(cf. 1312.3 - Uniform Complaint Procedures)

Sportsmanship

The Board values the quality and integrity of the athletic program and the ethical well-being and character development of student athletes. Student athletes, coaches, parents/guardians, spectators, and others are expected to demonstrate good sportsmanship, ethical conduct, and fair play during all athletic competitions. They shall also abide by the core principles of trustworthiness, respect, responsibility, fairness, caring, and good citizenship.

Students and staff may be subject to disciplinary action for improper conduct.

(cf. 3515.2 - Disruptions)

(cf. 4118 - Suspension/Disciplinary Action)

(cf. 4218 - Dismissal/Suspension/Disciplinary Action)

(cf. 5131 - Conduct)

(cf. 5131.1 - Bus Conduct)

(cf. 5131.4 - Student Disturbances)

(cf. 5144 - Discipline)

(cf. 5144.1 - Suspension and Expulsion/Due Process)

(cf. 5144.2 - Suspension and Expulsion/Due Process (Individuals with Disabilities))

Student Eligibility

The first priority of student athletes shall be a commitment to their education and academic achievement.

(cf. 6011 - Academic Standards)

Eligibility requirements for participation in the district's interscholastic athletic program, including eligibility for a child in foster care or a child of a military family, are the same as those set by the district for participation in extracurricular and cocurricular activities.

(cf. 3530 - Risk Management/Insurance)

(cf. 5111.1 - District Residency)

(cf. 5121 - Grades/Evaluation of Student Achievement)

(cf. 6145 - Extracurricular and Cocurricular Activities)

(cf. 6146.1 - High School Graduation Requirements)

(cf. 6162.52 - High School Exit Examination)

(cf. 6173.1 - Education for Foster Youth)

(cf. 6173.2 - Education of Children of Military Families)

In addition, the Superintendent or designee shall ensure that students participating in interscholastic athletics governed by the CIF satisfy CIF eligibility requirements.

Health and Safety

The Board desires to give student health and safety the highest consideration in planning and conducting athletic activities. Universal precautions shall be observed when injuries occur.

(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Bloodborne Pathogens)

(cf. 4119.43/4219.43/4319.43 - Universal Precautions)

(cf. 5141 - Health Care and Emergencies)

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

(cf. 5141.22 - Infectious Diseases)

Students shall have a medical clearance before participating in interscholastic athletic programs. Care shall be taken to ensure that all athletic trainings and competitions are conducted in a manner that will not overtax the physical capabilities of the participants. When appropriate, protective equipment shall be used to prevent or minimize injuries.

(cf. 5131.61 - Drug Testing)

(cf. 5131.63 - Steroids)

(cf. 5141.3 - Health Examinations)

(cf. 5143 - Insurance)

Coaches and appropriate district employees shall take every possible precaution to ensure that athletic equipment is kept in safe and serviceable condition. The Superintendent or designee shall ensure that all athletic equipment is cleaned and inspected for safety before the beginning of each school year.

(cf. 5142 - Safety)

Supervision

All athletic teams shall be supervised by qualified coaches to ensure that student athletes receive appropriate instruction and guidance related to safety, health, training, and preparation for competition. Athletic events shall be officiated by qualified personnel.

(cf. 4127/4227/4327 - Temporary Athletic Team Coaches)

Policy 6145: Extracurricular And Cocurricular Activities

Status: ADOPTED

Original Adopted Date: 11/16/2011

The Board of Trustees recognizes that extracurricular and cocurricular activities enrich the educational and social development and experiences of students. The district shall encourage and support student participation in extracurricular and cocurricular activities without compromising the integrity and purpose of the educational program.

No extracurricular or cocurricular program or activity shall be provided or conducted separately, and no district student's participation in extracurricular and cocurricular activities shall be required or refused, based on the student's sex, gender, sexual orientation, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability. Requirements for participation in extracurricular and cocurricular activities shall be limited to those that are essential to the success of the activity. (5 CCR 4925)

(cf. 0410 - Nondiscrimination in District Programs and Activities)

(cf. 5145.3 - Nondiscrimination/Harassment)

(cf. 5145.7 - Sexual Harassment)

Any complaint regarding the district's extracurricular and cocurricular programs or activities shall be filed in accordance with BP/AR 1312.3 - Uniform Complaint Procedures.

(cf. 1312.3 - Uniform Complaint Procedures)

No student shall be prohibited from participating in extracurricular and cocurricular activities related to the educational program because of inability to pay fees associated with the activity.

(cf. 3260 - Fees and Charges)

Eligibility Requirements

To be eligible to participate in extracurricular and cocurricular activities, students in grades 7-8 must demonstrate satisfactory educational progress in the previous grading period, including, but not limited to: (Education Code 35160.5)

Maintenance of a minimum of 2.0 grade point average on a 4.0 scale

Any decision regarding the eligibility of any child in foster care or a child of a military family for extracurricular or cocurricular activities shall be made by the Superintendent or designee in accordance with Education Code 48850 and 49701.

(cf. 6173.1 - Education for Foster Youth)

(cf. 6173.2 - Education of Children of Military Families)

The Superintendent or designee may revoke a student's eligibility for participation in extracurricular and cocurricular activities when the student's poor citizenship is serious enough to warrant loss of this privilege.

Student Conduct at Extracurricular/Cocurricular Events

When attending or participating in extracurricular and/or cocurricular activities on or off campus, district students are subject to district policies and regulations relating to student conduct. Students who violate district policies and regulations may be subject to discipline including, but not limited to, suspension, expulsion, transfer to alternative programs, or denial of participation in extracurricular or cocurricular activities in accordance with Board policy and administrative regulation. When appropriate, the Superintendent or designee shall notify local law enforcement.

(cf. 5131 - Conduct)

(cf. 5131.1 - Bus Conduct)

(cf. 5144 - Discipline)

(cf. 5144.1 - Suspension and Expulsion/Due Process)

(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

(cf. 6145.2 - Athletic Competition)

Annual Policy Review

The Board shall annually review this policy and implementing regulations.



Code of Ethical Conduct

It is important that every coach be an exemplary role model and maintain the highest standard of conduct at all times. Coaches represent their community, school and team. Many people observe the conduct closely. The coach must recognize that the purpose of co-curricular activities is to promote physical, mental, moral, social and emotional well-being of participants.

Expectations

1. Comply with requests from officials, staff and program facilitators.
2. Show respect for players, officials and other coaches.
3. Maintain interactions with student athletes as described in Board Policy 2140 and any associated Administrative Regulation.
4. Supervise and control players at all times.
5. In case of emergency, dial 911.
6. Respect the integrity and judgment of game officials.
7. Establish and model fair play, sportsmanship and proper conduct.
8. Establish player safety and welfare as the highest priority.
9. Provide proper supervision of students at all times.
10. Use discretion when providing constructive criticism and when reprimanding players.
11. Maintain consistency in requiring all players to adhere to the established rules and standards of the game to be played.
12. Properly instruct players in the safe use of equipment.
13. Avoid exerting undue influence on a pupil's decision to enroll in an athletic program at any public or private post-secondary educational institution.
14. Avoid exerting undue influence on pupils to take lighter academic course(s) in order to be eligible to participate in athletics.
15. Avoid suggesting, providing or encouraging any athlete to use 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.
16. Avoid recruitment of athletes from other schools.
17. Refrain from any lewd, obscene or use of profanity, vulgarity, harassment, discrimination, bullying, threats and offensive language or gestures.
18. No smoking or vaping at any school district facility or property.
19. No possession or use of a weapon or explosive device on any school district facility or property.
20. No selling, possessing or use of illegal drugs, alcohol or marijuana in accordance with the District Drug, Alcohol and Tobacco-Free Policy.

Communication

As a coach at Oxnard School District, I will:

1. Maintain open and ongoing communication with administration, advisors, other coaches, students and parents.
2. Hold a parent meeting to review:
 - o Basic policies, procedures and expectations.
 - o Ensure all participants have completed all City and District required forms and have forms available at all practices/games.
 - o Codes of conduct for student and parents.
 - o Anticipated schedule of practice/games

By signing below, I acknowledge that I have carefully read this "Athletic Coach's Code of Ethical Conduct" and I understand and agree to its terms. Failure to comply will result in removal from coaching for the Oxnard School District.

Coach Name Printed: _____

Sport: _____

Coach Signature: _____

Date: _____

Mobile Number: _____



Oxnard School District



VOLUNTEER CODE OF CONDUCT

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. I agree immediately upon arrival, I will sign-in at the main office or the designated sign-in station.
2. I agree to wear or show volunteer identification as required by the school.
3. I agree to use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I agree not solicit outside with student nor give money, gifts or cards to students without administrative approval.
6. I agree not contact students outside of school hours without permission from the students' parents.
7. I agree not to exchange telephone number, home address, email address, social media info or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
8. I agree maintain confidentiality outside of school and will share with teachers and/or school administrators any concerns that I may have related to student welfare and/or safety.
9. I agree to not transport students in private vehicles and will abide by District Board Policy/Administrative Regulation 1240.
10. I agree not disclose, use, or disseminate student photographs or personal information about students, self, or others.
11. I agree not to post, transmit, publish or display harmful or inappropriate matter that is threatening, obscene, disruptive, or sexually explicit or that could be construed as any form of harassment.
12. I agree not operate my cellular telephone within the confines of the classroom or any other educational setting while acting in the capacity of a volunteer or while supervising children engaged in a school-sponsored activity or event.
13. I agree to follow the district procedure for screening of volunteers.
14. I agree to notify the school principal if I am arrested for a misdemeanor or felony, sex, drug or weapon related offense.
15. I agree under Penal Code 290.95, I am required to disclose to school district if I am a registered sex offender and by signing below I declare that I am not a registered sex offender and there are no criminal charges pending against me.
16. I agree only to do what is in the best personal and educational interest of every student with whom I come into contact.

I hereby release the Oxnard School District from liability for damage which may result from checking criminal background and references. I agree to follow the District Volunteer Code of Conduct at all times in my role as a Oxnard School District Volunteer or to cease volunteering immediately.

Signature

Printed Name

Date



BEST PRACTICES FOR COACHING STANDARDS

Table of Contents

Qualifications	1
Proper Supervision.....	2
Athlete Safety.....	3
Respect for Others.....	4
Constructive Criticism and Reprimand.....	7
Discipline	7
Bullying, Hazing, and Emotional Verbal Abuse Prevention	7
Physical Contact.....	9
Social Interaction	10

1. Qualifications

a. High school coaches are required to know the following:

- 1) Development of coaching philosophies consistent with school, school district, and governing board of a school district goals.
- 2) Sport psychology: emphasizing communication, reinforcement of the efforts of pupils, effective delivery of coaching regarding technique and motivation of the student athlete.
- 3) Sport pedagogy: how student athletes learn, and how to teach sport skills.
- 4) Sport physiology: principles of training, fitness for sport, development of a training program, nutrition for athletes, and the harmful effects associated with the use of steroids and performance-enhancing dietary supplements by adolescents.
- 5) Sport management: team management, risk management, and working within the context of an entire school program.
- 6) Training: certification in cardiopulmonary resuscitation and first aid, including, but not limited to, a basic understanding of the signs and symptoms of concussions and

the appropriate response to concussions and signs and symptoms of sudden cardiac arrest and appropriate response to sudden cardiac arrest.

- a) Removal from coaching due to lack of sudden cardiac arrest training.
- 7) Knowledge of, and adherence to, statewide rules and regulations, as well as school regulations including, but not necessarily limited to, eligibility, gender equity and discrimination.
- 8) Sound planning and goal setting.
- b. Education Code Section 35179.1
- c. Coaches at other grade levels are recommended to have the same knowledge base.
- d. Additional requirements for coaches who are not full-time employees
 - 1) Background checks to determine any offenses referenced in Education Code sections 44010, 44011, or 44424;
 - 2) Tuberculosis risk assessment
 - 3) Armatus Molestation Prevention training
 - 4) Agree to follow all applicable school board policies
 - 5) Agree to and sign a “Code of Ethical Conduct;”
 - 6) Completion of a Volunteer form, as applicable.

2. Proper Supervision

- a. Coaches and/or supervisors attend practice and/or competition to supervise students
 - 1) All coaches must be at least 21 years of age.
 - a) Coaches at least 25 years of age are recommended for older students of the opposite sex.
 - 2) Coaches are to instruct student athletes in school and team rules, their responsibilities in conduct towards others and school property.
 - 3) Coaches should exercise close control over the athletes.
 - a) If an athlete is not seen, the athlete is not being supervised.
- b. Transportation
 - 1) Each bus should have at least one staff member or chaperone other than the driver.
- c. Overnight Trips
 - 1) Adequate supervision is to be provided on all school-sponsored trips and that there is an appropriate ratio of adults to student athletes present on the trip.

- 2) Each coach or chaperone is to be assigned a group of student athletes for the duration of the overnight trip.
 - 3) Students are to be accompanied by the designated coach or chaperone at all times other than when in their hotel room.
 - 4) Eating establishments and other places of interest and entertainment should be appropriate for the age of the student athletes.
 - 5) Room checks should be scheduled throughout the night.
 - 6) Adults should never share a room with an athlete while on overnight trips.
3. Athlete Safety
- a. General
 - 1) Coaches have a duty to exercise care to protect student athletes from reasonably foreseeable dangers by controlling the conduct of student athletes.
 - 2) Coaches are to instruct student athletes in school and team rules, their responsibilities in conduct towards others and school property.
 - 3) Safety Alerts
 - a) Coaches are expected to stay up-to-date on all safety alerts that are publicly announced by equipment manufacturers, sport governing bodies, or any other organization associated with their respective sports.
 - 4) Emergency Plan
 - a) Each coach is responsible for adhering to the school or district emergency medical plan whenever dealing with serious injuries occurring in athletic facilities.
 - b. Safety Equipment
 - 1) The school or district is to provide all required and necessary safety equipment.
 - 2) Coaches are to properly instruct players in the safe use of equipment.
 - 3) Instructions for safe use and maintenance of safety equipment can be obtained from the equipment manufacturer
 - c. Drug Abuse
 - 1) Coaches are not to provide alcohol, illegal drugs, or tobacco products to student athletes.
 - 2) Coaches are not to suggest, provide, or encourage any athlete to use non-prescription 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.

- 3) Coaches shall intervene whenever students use alcohol or other illegal drugs while on school property or under school jurisdiction.
 - 4) Coaches who have a reasonable suspicion that a student may be under the influence of alcohol or drugs shall immediately notify the principal or designee.
 - 5) District drug policies
 - a) Refer to District Board 5131.6, Alcohol and Other Drugs.
 - b) Refer to District Board 5131.63, Steroids.
- d. Concussions
- 1) See VCSSFA Best Practices for Concussion Management
 - a) <http://www.vcssfa.org/RiskControl/BestPractices/tabid/2068/Default.aspx>
 - 2) In addition to certification in cardiopulmonary resuscitation (CPR) and first aid, coaches are to have a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions.
 - a) Concussion training may be fulfilled through entities offering free, online, or other types of training courses.
 - b) Free online training can be found on these websites:
<http://nfhslearn.com/electiveDetail.aspx?courseID=15000>
<http://www.cdc.gov/concussion/sports/index.html>
 - 3) Concussion and head injury information sheet
 - 4) Restrictions on full contact practice
 - 5) Removal from activity
 - 6) Return to Activity
 - 7) Education Code sections 35179.5, 49475
- e. Sudden Cardiac Arrest
- 1) See VCSSFA Best Practices for Sudden Cardiac Arrest Management
 - a) <http://www.vcssfa.org/RiskControl/BestPractices/tabid/2068/Default.aspx>
 - 2) In addition to certification in cardiopulmonary resuscitation (CPR) and first aid, coaches are to have a basic understanding of the signs and symptoms of sudden cardiac arrest and appropriate response to sudden cardiac arrest.

- a) Training is required initially after July 1, 2017, and every two (2) years thereafter.
- b) Coaches can be suspended from coaching any athletic activity if completion of the training is not kept current.
- c) Free online training can be found on these website:
<http://nfhslearn.com/courses/61032/sudden-cardiac-arrest>
- 3) Sudden Cardiac Arrest information sheet
- 4) Removal from activity
- 5) Return to Activity
- 6) Education Code sections 33479 et seq.
- f. Heat Illness
 - 1) Adequate hydration (water)
 - a) Water or sports drinks should be readily available to athletes during practice.
 - b) Athletes should avoid drinks containing stimulants such as ephedrine or high doses of caffeine.
 - 2) Gradual acclimatization
 - a) Intensity and duration of exercise should be gradually increased over a period of 7-14 days
 - b) Protective equipment should be introduced in phases
 - 3) Rest periods
 - a) Water breaks should be given at least every 30-45 minutes.
 - b) Breaks should be long enough to allow athletes to ingest adequate volumes of fluid.
 - 4) Shade
 - a) Rest breaks should occur in shade whenever possible.
- g. Other Health Concerns
 - 1) Allergies
 - 2) Asthma
 - 3) Blood exposure
 - 4) Musculoskeletal injuries

- 5) Skin Disorders (such as Methicillin-resistant *Staphylococcus aureus* (MRSA))
- h. Athletic Safety and Health Resources can be found at cifstate.org under the “Sports Medicine” tab
- 4. Respect for Others (CIF)
 - a. Players
 - 1) During practices and games, coaches are to remain under control during interactions with players and assistant coaches.
 - b. Other coaches and opponents
 - 1) Engage in the pre- and post-game handshake.
 - 2) Celebrate victory respectfully.
 - 3) Give credit to opponents.
 - c. Officials
 - 1) Be open to idea that the official is correct.
 - 2) Civilly question calls.
 - 3) Coaches are not to call the officials names.
 - d. Sportsmanship
 - 1) Establish and model fair play and proper conduct.
 - 2) Maintain consistency in requiring all players to adhere to the established rules and standards of the game to be player.
 - a) Reward athletes on your team who behave as good sports.
 - b) Discipline athletes who behave as poor sports.
 - 3) Coaches are not to recruit athletes from other schools.
 - 4) Refrain from use of profanity, vulgarity, and other offensive language and gestures.
 - e. Teach principles of Pursuing Victory with Honor
 - 1) Trustworthiness,
 - 2) Respect,
 - 3) Responsibility,
 - 4) Fairness,
 - 5) Caring,
 - 6) Good citizenship.

5. Constructive Criticism and Reprimand

- a. Use discretion when providing constructive criticism and when reprimanding players.
 - 1) Be Positive
 - a) Provide positive reinforcement along with any negative comments.
 - b) Instruct athletes what to do rather than what not to do.
 - 2) Bring evidence
 - a) Game and practice film shows mistakes and correct procedures.
 - 3) Provide opportunity to improve
 - a) Once feedback has been given, provide the student athlete another chance to show that they improved.

6. Discipline

- a. Coaches should follow district policy when correcting behavior such as tardiness, excessive absences, and other behavioral problems.
- b. Coaches are prohibited from using physical punishment in any way for behavior management of student athletes.
 - 1) No form of physical discipline is acceptable.
 - 2) This prohibition includes hitting, pushing, slapping, or any other physical force as retaliation or correction for inappropriate behaviors by student athletes.
- c. Coaches are prohibited from using additional physical actions, such as extra calisthenics or running laps as behavior correction.
- d. Refer to District Board Policy 5144, Discipline.

7. Bullying, Hazing, and Emotional Verbal Abuse Prevention (Praesidium)

- a. Bullying
 - 1) Bullying is exposing a person to abusive actions repeatedly over time.
 - a) Bullying typically involves a real or perceived power imbalance.
 - b) Examples:
 - Direct physical contact, such as hitting or shoving;
 - Verbal assaults, such as teasing or name-calling and spreading rumors, harassment, intimidation;
 - Written material, such as cyberbullying;

- Social isolation or manipulation.
- 2) Neither coaches nor students should engage in any form of bullying.
 - 3) Coaches are to immediately report incidents of bullying to the principal or designee.
 - 4) Coaches who witness acts of bullying are to take immediate steps to intervene when safe to do so.
 - 5) Bullying prevention applies to coaches and student athletes on school grounds, while traveling to and from school, during lunch period, whether on or off campus, and during a school-sponsored activity.
 - 6) Refer to District Board Policy 5131.2, Bullying.
- b. Hazing
- 1) Hazing is actually a form of bullying.
 - 2) Hazing is any action taken or any situation created intentionally that causes embarrassment, harassment, or ridicule and risks emotional and/or physical harm to members of a group or team, whether new or not, regardless of the person's willingness to participate.
 - a) Hazing usually involves:
 - Power differential between those in a group and those who want to join a group, or between senior and junior members of a group,
 - An intentional initiation rite, practice or "tradition."
 - b) Examples:
 - Forced activities for new recruits to "prove" their worth to join;
 - Forced or required consumption of alcohol or distasteful food;
 - Requirements to endure hardships such as staying awake, physical labor, running while blindfolded, etc.;
 - Beatings, paddlings, or other physical acts;
 - Illegal activities such as requirement to steal local items as part of a scavenger hunt.
 - 3) Neither coaches nor students should engage in any form of hazing.
 - 4) Coaches are to immediately report incidents of hazing to the principal or designee.
 - 5) Coaches who witness acts of hazing are to take immediate steps to intervene when safe to do so.

- 6) Hazing prevention applies to coaches and student athletes on school grounds, while traveling to and from school, during lunch period, whether on or off campus, and during a school-sponsored activity.
- c. Emotional Verbal Abuse
 - 1) Verbal interaction is for instructional and motivational purposes.
 - 2) Coaches should refrain from and not allow their student athletes to engage in verbal discourse that denigrates others.
8. Physical Contact
 - a. Students and parents should read, sign, and return the “High School Athletics Physical Contact Acknowledgement” form.
 - b. Skill or Strategy Corrections
 - 1) Coaches should never physically yank or pull a player into a proper position.
 - 2) Players should be asked to demonstrate proper position or the coach should stand in a proper position and ask the athlete to get into that position.
 - 3) When correcting physical form for skill or strategy execution, the coach shall first ask the athlete for permission to touch the athlete for the purpose of showing the athlete a correct placement or angle of an arm or other body part in the performance of a skill.
 - a) Such contact shall be minimalist and full body contact is never appropriate.
 - c. Practice
 - 1) Coaches should avoid practicing with student athletes, when physical contact is involved.
 - a) Coaches should never practice with or touch an athlete of the opposite sex.
 - d. Congratulating an Athlete
 - 1) When congratulating an athlete for a good performance, the coach must make it clear that a high five is appropriate but that it is not appropriate for a coach and athlete to hug.
 - e. Comforting or Consoling an Athlete
 - 1) When comforting or consoling an athlete who is visibly upset or injured, the athlete may be patted on the shoulder or head (when culturally appropriate) but never embraced.

9. Social Interaction

a. Electronic and Social Media

- 1) All communications from coaches regarding team activities and participation in the program are to be directed to parents or guardians including voice messages, e-mail messages, and text messages.
 - a) If direct contact is allowed by parents or guardians, the parents or guardians are to be copied.
 - b) Coaches should refrain from private, personal, on-going electronic conversations with students.
- 2) Team websites and social media
 - a) Team websites and social media are to be separate and distinct from personal websites, blogs, and social media of coaches.
 - b) Team websites and social media should protect student privacy.
 - c) All parents should be invited to participate in team social media accounts.
 - d) Team websites and social media should be monitored to prevent social bullying, airing grievances, or gateways for predators.

b. Relationships

- 1) Romantic, Dating, or Sexual Relationships
 - a) A coach may never enter into any romantic, dating, social, or sexual relationship with a student athlete.
- 2) Social Prohibitions and Sexual Abuse
 - a) Coaches are prohibited from:
 - Spending social time or engaging in social media with an individual student-athlete or a group of student-athletes outside the team environment.
 - Engaging in any unwelcomed quid pro quo sexual activities with any student-athlete or potential student-athlete.
 - Creating a hostile environment by engaging in sexual harassment activities.

c. Team Gatherings

- 1) Separate parent or guardian permission is required for all team gatherings that are in addition to regularly scheduled practices and games or competitions.
 - a) Approved permission forms:

- Field Trip or Excursion Authorization and Medical Treatment Authorization, SFA 2010, or SFA 2010S, or
 - Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability Release, Acknowledgement and Assumption of Risk.
- b) Exception: Awards banquets or ceremonies held on the school campus.
- 2) Coaches should not have team gatherings at their home, unless adequate supervision, including parents, is provided at all times student athletes are present.
- 3) Other off campus locations should be appropriate for the age of the student athletes.
- d. Other Contact
- 1) Coaches should avoid giving student athletes a ride home from practice,
- a) Observe the Rule of Three:
- One adult and at least two student athletes,
 - One student athlete and at least two adults.
- b) If such a situation becomes unavoidable, be sure to have the athlete call their parents or guardians informing them when you are leaving and when you expect to arrive
- 2) Coaches should never have students stay overnight in their home.
- e. Undue influence
- 1) Coaches are not to exert undue influence on athletes to take lighter academic course(s) in order to be eligible to participate in athletics.
- 2) Coaches are not to exert undue influence on an athlete's decision to enroll in an athletic program at any post-secondary educational institution



RECOMMENDATIONS FOR SAFETY IN COMPETITIVE ATHLETICS AND SPORT CLUBS

TABLE OF CONTENTS

Scope.....	1
Definitions.....	2
Fees and Donations	3
Coaching and Supervision	4
Schedule.....	5
Personal Insurance	5
Required Forms.....	5
Required Posting.....	7
Concussion Management	7
Sudden Cardiac Arrest	8
Heat Illness Protocol	9
Return from Injury or Illness	9
Transportation	9
Water Sports.....	10
Competitive Team Sport Clubs.....	10
Hazardous Weather	11
Appendix A, Sport Clubs Deductibles and Exclusions	13
Appendix B, Leagues, Associations, Federations, etc.	14
CIF Guidelines for Gender Identity Participation.....	Attachment

1. Scope
 - a. This document provides guidance for conducting safe and successful:
 - 1) High school summer league teams
 - 2) Interscholastic middle school teams

- 3) All intramural teams
 - 4) Powder Puff Football
 - a) Refer to Best Practices for Safety in Powder Puff Football
<http://www.vcssfa.org/RiskControl/BestPractices/tabid/2068/Default.aspx>
 - 5) Competitive sport club teams
 - b. Exceptions:
 - 1) Interscholastic high school teams are to be governed by the rules, regulations, and guidelines set by the California Interscholastic Federation (CIF), Southern Section
 - 2) Physical Education classes that are conducted on campus
 - a) Risk management and safety for cheerleading and/or spirit squads are addressed in the VCSSFA “Best Practices for Safety in Cheerleading.”
2. Definitions
- a. Interscholastic Athletics: those policies, programs, and activities that are formulated or executed in conjunction with, or in contemplation of, athletic contests between two or more schools, either public or private. (California *Education Code*, section 35179)
 - b. CIF-approved sports
 - 1) Those sports for which member high schools have mutually adopted rules relating to interscholastic athletics (grades 9 through 12), and established agreed upon minimum standards for certain aspects of the interscholastic athletic program:

Badminton	Lacrosse
Baseball	Skiing and snow boarding
Basketball	Soccer
Competitive Cheer	Softball
Cheerleading*	Swimming and diving
Cross-country	Tennis
Dance*	Track and field
Field hockey	Volleyball
Football	Water polo
Golf	Wrestling
Gymnastics	

* Sideline Cheerleading and Dance are not approved interscholastic sports in the CIF Southern Section. Because cheerleading is an integral part of sports at the high school level, it is grouped with CIF sports for liability coverage purposes. The VCSSFA Guidelines for cheerleaders should be followed as if produced by CIF for CIF-approved sports.

- 2) These sports are covered under the VCSSFA Liability Program with first dollar coverage.
 - a) These sports may be played by any student in Kindergarten and grades 1 through 12.
 - c. High School Summer League Teams
 - 1) Off-season extensions of interscholastic high school teams that:
 - a) have formal, scheduled practices,
 - b) host other schools for games and/or competitions
 - c) travel to other schools for games and/or competitions
 - d. High School Summer “Club” Teams
 - 1) Off-season extensions of interscholastic high school teams that:
 - a) Are affiliated with a national or regional sponsoring organization.
 - b) host other schools for games and/or competitions
 - c) travel to other schools for games and/or competitions
 - e. Interscholastic Middle School Teams
 - 1) Teams that travel to other schools to compete
 - 2) Includes middle/intermediate/junior high school students in the sixth, seventh, and eighth grades.
 - 3) CIF-approved sports are covered under the VCSSFA Liability Program with first dollar coverage.
 - 4) Non-CIF-approved sports fall under the definition of sports clubs.
 - f. Intramural Teams
 - 1) Teams that compete against other teams from the same school
 - 2) Includes students in the Kindergarten through twelfth grades.
 - 3) CIF-approved sports are covered under the VCSSFA Liability Program with first dollar coverage.
 - 4) Non-CIF-approved sports fall under the definition of sports clubs.
 - g. A sport club is a club that provides instructional, competitive, recreational activities and leadership opportunities for students. Sports clubs should develop interests and skills of individuals in sports that are not usually found in a school setting.
3. Fees and Donations
- a. A student enrolled in a school shall not be required to pay any fee, deposit, or other charge not specifically authorized by law. (California Code of Regulations, Title 5, section 350)

- b. Fees are allowed for field trips in connection with athletic activities, so long as no student is prevented because of lack of funds.
- c. Donations
 - 1) Donations are allowed
 - 2) Athletic programs cannot imply that the donation is mandatory or that a student will not be allowed to play or will be punished in any way if he or she does not meet a fundraising goal.
 - 3) It is permissible to say that the team is trying to raise a specific amount by a certain date but avoid any language like “we expect each family’s donation to be submitted by October 10.”
 - 4) Never establish a lesser donation amount if funds are received prior to a certain date.
 - 5) Never use any statements or actions that exert explicit or implicit pressure on students or parents to make a donation.
 - 6) If a family does not make a donation, that family must not be subject to inquiry as to why.
- 4. Coaching and Supervision
 - a. All coaches and/or supervisors must be at least 21 years of age.
 - b. Coaches are to demonstrate knowledge and competency in the following areas:
 - 1) Care and prevention of athletic injuries, including cardiopulmonary resuscitation (CPR) and first aid, including, but not limited to, a basic understanding of the signs and symptoms of concussions and heat illness and the appropriate response to concussions and heat illness;
 - 2) Coaching techniques;
 - 3) Rules and regulations in the athletic activity being coached;
 - 4) Child or adolescent psychology.
 - c. Additional requirements for coaches who are not full-time employees
 - 1) Background checks to determine any offenses referenced in Education Code sections 44010, 44011, or 44424;
 - 2) Tuberculosis testing, every four (4) years;
 - 3) Armatus Molestation Prevention training;
 - 4) Agree to follow all applicable school board policies;
 - 5) Agree to and sign a “Code of Ethical Conduct;”
 - 6) Completion of a Volunteer form, as applicable.

- d. Coaches and/or supervisors attend practice and/or competition to supervise students.
- e. Refer to Recommendations for Coaching Standards for more information

<http://www.vcssfa.org/Risk-Management/Best-Practices/Athletics>

5. Schedule

- a. Competitions, practices, and fundraising events must be scheduled and approved by the school site administrator prior to the beginning of the season.
 - 1) Fundraising events that are not sponsored by established parent-teacher/faculty organizations, such as PTA and PFO, or established booster clubs, are to follow district board policy and/or Fiscal Crisis and Management Assistance Team (FCMAT) guidelines for fundraising events found in Chapter 8 of the current *Associated Student Body Accounting Manual, Desk Reference and Fraud Prevention Guide*.
 - a) Found at: [http://www.fcmat.org/stories/storyReader\\$911](http://www.fcmat.org/stories/storyReader$911)
- b. A written schedule of competitions, meetings, and/or team practices must be attached to the field trip form. The school site administrator must approve additions to the schedule.
- c. Team practice does not begin until an adequate number of adult coaches and/or supervisors are present. If an insufficient number of adult coaches and/or supervisors are available, practice is to be cancelled.
- d. Ad hoc practices, competitions, and fundraising events. Practice sessions, competitions and/or fundraising events not on the approved schedule are not school-sanctioned.
 - 1) The coach, supervisor, and/or committee organizing practices, competitions, and fundraising events that are not on the approved schedule may not be covered by the district liability insurance program.

6. Personal Insurance

- a. Each participant must show proof of personal medical and/or accident insurance.
- b. Information regarding personal accident insurance will be available through the district.

7. Required Forms:

- a. All applicable forms are to be signed and returned by the athlete and the athlete's parent or guardian annually before the athlete's initiating try-out, practice, or competition.
 - 1) Wet signatures on hard copies are preferred.
 - 2) All forms that are reviewed and acknowledged via an internet website are to be dated and stored by the school and/or district as an electric or hard copy.
 - a) If a claim is filed against the district, these forms will correspond with those reviewed and acknowledged for the respective school year.

b. District Forms

- 1) Field Trip/Excursion Authorization and Medical Treatment Authorization with attached practice schedule and competition schedule
- 2) All sport team and sport club participants must submit a fully completed and signed “Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability Release, Acknowledgment and Assumption of Potential Risk” form
- 3) Physical Examination (Required for CIF sports, recommended for all others)
- 4) Concussion information (Required for all sports)
- 5) Steroid Information Sheet and Acknowledgement (Required for CIF sports)
- 6) Sudden Cardiac Arrest Information (Required for all sports)
- 7) Heat Illness Information (Required for CIF sports, recommended for all others)
- 8) Opioids Information (Required for all sports)
- 9) School Athletics Physical Contact Acknowledgement (Recommended)
- 10) Readmission to School of Student with Temporary Disability or Injury (Recommended)
- 11) Personal Vehicle Use (coaches, supervisors, and chaperones) (Recommended)
- 12) Student Transportation Permission (Recommended)

c. Accident Reports

- 1) VCSSFA “Report of Personal Accident” Form VCSS SFA – 1006 must be completed after any injury arising out of or in the course of travel to, or participation in Competitive Team Sport Clubs practice and/or competition.
- 2) All accident reports must be completed thoroughly, accurately, and submitted to the district office within 24 hours of the incident.

d. Coaches of sport clubs are responsible for delivery of forms to the appropriate Interscholastic League, Federation, Association, or program office.

Students must have the following forms on record with the appropriate Interscholastic League, Federation, Association, or program. Students need to submit these forms to their coaches:

- 1) Student Application
- 2) Liability Waiver
- 3) Emergency Medical Release
- 4) All forms listed in paragraph c.

e. Document Retention

- 1) Forms for high school athletes are to be stored for the duration of high school plus two (2) years.

- 2) Forms for elementary or middle school athletes are to be stored for the duration of participation and follow the student to the school at the next level.
 - a) Exception: for student athletes who move out of the district, the forms are to be stored for two (2) years after the student moves.
8. Required Posting
 - a. Any school that offers competitive athletics must publicly post the following information on the school internet website:
 - 1) The total enrollment of the school, classified by gender;
 - 2) The number of students enrolled at the school who participate in competitive athletics, classified by gender;
 - 3) The number of boys' and girls' teams, classified by sport and by competition level
 - b. Posted data must reflect the total number of players on a team roster on the official first day of competition
 - c. The information must be publicly available:
 - 1) On the school's Internet Web site, or
 - 2) If the school does not maintain an Internet Web site, by submitting the information to its school district or, for a charter school, to its charter operator. The school district or charter operator shall post the information on its Internet Web site, and the information shall be disaggregated by school site
 - d. The data must be retained by the school for at least three (3) years after the information is posted.
 - e. For posting purposes, "competitive athletics" means sports where the activity has coaches, a governing organization, and practices, and competes during a defined season, and has competition as its primary goal.
 - f. Example Language:
 - 1) Refer to form on the VCSSFA Title IX web page or CIF reporting form.
 - a) Contact VCSSFA for password.
 - 2) "[Name of School or District] does not offer competitive athletics as that term is defined by Education Code Section 221.9 (e)."
9. Concussion Management
 - a. Coaches are to be trained in a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions. (California *Education Code* (Ed Code), Section 35179.1(b)(6))
 - b. A concussion and head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian annually before the athlete's initiating practice or competition. (Ed Code, §49475(a)(2))

- c. An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, trained in the management of concussions, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from that licensed health care provider. (Ed Code, §49475(a)(1))
 - 1) For CIF sports, the evaluation is limited to a medical doctor (MD) or doctor of osteopathy (DO).
- d. Refer to Best Practices for Concussion Management for more information
<http://www.vcssfa.org/Risk-Management/Best-Practices/Athletics>

10. Sudden Cardiac Arrest

- a. Coaches are to complete a sudden cardiac arrest training course and retake the training course every two years thereafter. (Ed Code, Section 33479.6(a))
 - 1) A coach shall not be eligible to coach until the coach completes the sudden cardiac arrest training course. (Ed Code, Section 33479.6(b))
- b. A sudden cardiac arrest information sheet shall be signed and returned by the athlete and the athlete's parent or guardian annually before the athlete's initiating practice or competition. (Ed Code, Section 33479.4)
- c. Removal from activity (Ed Code, Section 33479.5)
 - 1) An athlete who passes out or faints while participating in or immediately following an athletic activity, or who is known to have passed out or fainted while participating in or immediately following an athletic activity, shall be removed from participation at that time by the athletic director, coach, athletic trainer, or authorized person
 - 2) An athlete who exhibits any of the other symptoms of sudden cardiac arrest, during an athletic activity, may be removed from participation by an athletic trainer or authorized person if the athletic trainer or authorized person reasonably believes that the symptoms are cardiac related. In the absence of an athletic trainer or authorized person, any coach who observes any of the symptoms of sudden cardiac arrest shall notify the parent or guardian of the pupil so that the parent or guardian can determine what treatment, if any, the pupil should seek
 - 3) An athlete who is removed from play under this section shall not be permitted to return to participate in an athletic activity until the pupil is evaluated and cleared to return to participate in writing by a physician and surgeon, or a nurse practitioner or physician assistant practicing in accordance with standardized procedures or protocols developed by the supervising physician and surgeon and the nurse practitioner or physician assistant, as applicable.
 - a) For CIF sports, the evaluation is limited to a medical doctor (MD) or doctor of osteopathy (DO).

- d. Refer to Best Practices for Sudden Cardiac Arrest for more information
<http://www.vcssfa.org/Risk-Management/Best-Practices/Athletics>
11. Heat Illness Protocol (Required for CIF sports and recommended for all other sports)
- a. Coaches are to be trained in a basic understanding of the signs and symptoms of Heat Illness. (Ed Code), Section 35179.1(b)(6))
 - b. On a yearly basis, a heat illness information sheet shall be signed and returned by the athlete and the athlete's parent or guardian annually before the athlete's initiating practice or competition. (CIF Bylaw 503, K)
 - c. Removal from activity (CIF Bylaw 503, K)
 - 1) An athlete who exhibits signs of heat illness while participating in or immediately following an athletic activity, shall be removed immediately from participation at that time by the athletic director, coach, athletic trainer, or authorized person
 - 2) An athlete who is removed from play after displaying signs and symptoms associated with heat illness may not return to play until the athlete is evaluated by a licensed health care provider and receives written clearance to return to play from that health care provider.
 - a) For CIF sports, the evaluation is limited to a medical doctor (MD) or doctor of osteopathy (DO).
12. Return from Injury Or Illness
- a. An athlete who suffers a significant injury or illness during an athletic activity should be immediately removed from the activity for the remainder of the day, and should not be permitted to return to the activity until he or she is evaluated by a licensed health care provider
 - 1) Broken bone(s);
 - 2) Severe joint sprain, requiring a splint or cast;
 - 3) Concussion;
 - 4) Seizure;
 - 5) Heat exhaustion and/or heat stroke.
 - b. The athlete should not be permitted to return to the activity until he or she receives written clearance and release to return to the activity from a licensed health care provider.
 - 1) Readmission to School of Student with Temporary Disability or Injury form
13. Transportation
- a. Refer to "Best Practices for Student Activity Transportation."
<http://www.vcssfa.org/RiskControl/BestPractices/tabid/2068/Default.aspx>

14. Water Sports

- a. One (1) Adult coach and/or supervisor per ten (10) students
- b. Pair every club member with another, a “buddy,” in the same ability group. Buddies check in and out of the water area together. Emphasize that each buddy lifeguards his/her buddy. Buddies are to maintain visual contact as much as possible. Buddies are to check with each other before commencing activities on the water.

15. Competitive Team Sport Clubs

- a. VCSSFA Coverage
 - 1) Some competitive sport clubs are excluded from the VCSSFA Liability Coverage Program, (See Appendix A for a list of excluded sport clubs)
- b. Deductibles
 - 1) See Appendix A for a list of sport clubs deductibles
- c. All Competitive Team Sport Clubs that compete against other schools are encouraged to be enrolled in an appropriate Interscholastic League, Federation, Association, or program, and are encouraged to purchase insurance from that program.
 - 1) A partial list of Interscholastic Leagues, Federations, Associations, or programs is included in ~~the~~ Appendix B.
 - 2) All Competitive Team Sport Clubs are to follow any and all safety and operating guidelines published by the Leagues, Federations, Associations, or program. The safety and operating guidelines are incorporated by reference as mandatory.
- d. Participation in Competitive Team Sport Clubs will be limited to high schools and middle/intermediate/junior high schools only. Elementary schools are not to participate.
 - 1) Students must be enrolled at the school sponsoring the Competitive Team Sport Clubs.
- e. High School Summer “Club” Teams
 - 1) Summer “Club” teams sponsored by a regional or national organization are not considered school teams.
 - 2) Coaches are required to make facility use arrangement through the District Office, for any out of season activity that occurs outside of the school day, and is not considered a school function.
 - 3) Arrangement made through the District Office for out-of-season activities will be subject to the use of facility conditions for outside groups

f. Sports Club Renewal

- 1) All Competitive Team Sport Clubs are encouraged to renew their sport club status at the beginning of each academic year. Prior to approval, all required forms must be completed.
- 2) Competitive Team Sport Clubs are not eligible to meet, practice, or compete until after approval from the site administrator.

16. Hazardous Weather (as applicable)

a. Review weather conditions and information prior to each practice and/or competition and be aware of any warning. Evaluate the weather and event:

- 1) National Oceanic and Atmospheric Administration (NOAA)
805-278-0760
- 2) National Weather Service
805-988-6610

b. Heat

- 1) Even being out for short periods of time in high temperatures can cause serious health problems.
- 2) Monitor activities and time in the sun to lower the risk for heat-related illness.
- 3) If outside in hot weather for most of the day make an effort to drink more fluids.
- 4) Avoid beverages and drinks high in sugar, and stay away from caffeinated and carbonated beverages.
- 5) Whatever the outdoor activity, have water on hand to decrease the risk of dehydration.

c. Sun protection

- 1) Competitive Team Sport Clubs members are to use waterproof sun block with a Sun Protection Factor (SPF) of 30 or higher.
- 2) Canopies and/or umbrellas are also recommended to provide protection from the sun.

d. Thunderstorm

- 1) Upon seeing lightning or hearing thunder, immediately move all students and staff indoors. Do not wait for the rain to begin falling.
- 2) While indoors, stay away from windows and doors; refrain from using telephones, electrical appliances, computers, or plumbing fixtures; and do not lie on concrete floors or lean against reinforced masonry walls.
- 3) Remain indoors for at least 30 minutes after the last lightning is observed or the last thunder is heard.

- 4) For additional information, refer to Thunderstorm Safety Information Sheet.
<http://www.vcssfa.org/RiskControl/InformationSheets.aspx>
- e. Ocean Conditions
 - 1) Practice is to be discontinued and/or cancelled if waves higher than five (5) feet (surf and sailing clubs)

APPENDIX A

SPORT CLUBS DEDUCTIBLES AND EXCLUSIONS

Non-CIF Competitive Sport Clubs with a \$100,000 deductible.

All-terrain vehicles racing (\$100,000 deductible)	Kite boarding (\$100,000 deductible)
Bungee jumping (\$100,000 deductible)	Motorized go-carts racing (\$100,000 deductible)
Bungee-related activities – other (\$100,000 deductible)	Motorcycles/Motorbikes racing (\$100,000 deductible)
Drag Racing (\$100,000 deductible)	Parasailing (\$100,000 deductible)
Four-wheel drive racing (\$100,000 deductible)	Road rallies (\$100,000 deductible)
Hang gliding/ultra lights (\$100,000 deductible)	Rodeo (\$100,000 deductible)
	Scuba diving (\$100,000 deductible)
	Skydiving (\$100,000 deductible)
	Sky surfing (\$100,000 deductible)

Non-CIF Competitive Sport Clubs excluded from VCSSFA Liability Coverage Program.

Manned Aircraft, any type of flying	Pistol, rifle and shot gun shooting*
Hot air ballooning	(unlawful within a school zone)

* Junior Reserve Officer Training Corps (JROTC) will have VCSSFA coverage for target shooting with air soft, BB, and/or .177 caliber pellet guns only. These programs will be subject to a VCSSFA annual inspection.

APPENDIX B

LEAGUES, ASSOCIATIONS, FEDERATIONS, ETC

Equestrian Clubs

Interscholastic Equestrian League (IEL)
11684 Ventura Blvd. #751
Studio City, CA 91604
www.theiel.org

Fencing Clubs

United States Fencing Association
One Olympic Plaza
Colorado Springs, CO 80909
Telephone: 719-866-4511
Fax: 719-632-5737
Email: info@USFencing.org
<http://www.usfencing.org/>

Hockey Clubs

Anaheim Ducks High School Hockey League
<https://www.adhshl.com/>

LA Kings High School League
Telephone: 424-405-0126
lackleague.com

Sailing Clubs

Pacific Coast Interscholastic Sailing Association (PCISA)
2812 Canon Street
San Diego, CA 92106
Phone: 619-222-0252
Fax: 619-222-0252
info@hssailing.org
<https://hssailing.org>

Surf Clubs

National Scholastic Surfing Association
PO Box 495
Huntington Beach, CA 9264809
Tel. 714-378-0899
Fax 714-964-5232
gclifford@nssa.org
<http://www.nssa.org/>

or

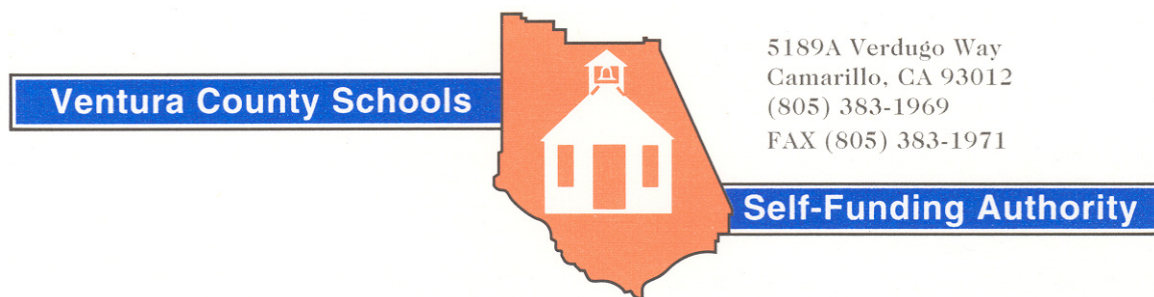
Scholastic Surf Series
PO Box 996
Cardiff, CA 92007
760-518-2727
info@surfsss.org
<http://www.surfsss.org/>

Swimming

USA Swimming
1 Olympic Plaza
Colorado Springs, CO 80909
719-866-4578
info@usaswimming.org
<https://www.usaswimming.org/>

Water Polo

USA Water Polo
6 Morgan, Suite 150
Irvine, CA 92618
714-500-5445
https://usawaterpolo.org/sb_output.aspx?form=4&path=mission
<https://usawaterpolo.org/index.aspx>



BEST PRACTICES FOR SAFETY IN CHEERLEADING

TABLE OF CONTENTS

Definitions.....	1
Coaching and Supervision	2
Schedule.....	3
Personal Insurance	3
Required Forms.....	3
Concussion Management.....	4
Return from Injury or Illness	4
Transportation	5
Facility/Environment	5
Equipment.....	6
Skills Safety	7
Spotting.....	7
Hazardous Weather	8
2013-14 AACCA School Cheer Safety Rules	Attachment

1. DEFINITIONS

- a. Cheerleading is an athletic activity that uses organized routines made from elements of cheers, tumbling, dance, jumps, and stunting to direct spectators of events to cheer for sports teams at games and matches, build school unity, and/or compete at cheerleading competitions. Cheerleading draws attention to the event and encourages audience participation.
- b. The athlete involved is called a cheerleader
- c. American Association of Cheerleading Coaches & Advisors (AACCA) is a non-profit educational association for the cheerleading coaches across the United States, dedicated to the safe and responsible practice of student cheerleading.

2. COACHING AND SUPERVISION

- a. All coaches and/or supervisors must be at least 21 years of age.
- b. All coaches, supervisors, and/or advisors are to follow the Supervision guidelines outlined in Chapter IV, Environmental Safety Factors, in the *AACCA Cheerleading Safety Manual*, second edition.
- c. Training
 - 1) Completion of cheer and/or spirit instructor training from a nationally recognized cheer or spirit organization.
 - a) Examples of suitable training organizations
 - i. American Association of Cheerleading Coaches and Advisors (AACCA)
 - ii. United Spirit Association (USA)
 - iii. Universal Cheerleaders Association (UCA)
 - iv. National Cheerleaders Association (NCA)
 - v. The Spirit Consultants (TSC)
 - b) Instructor training should be repeated at least every three (3) years for updated information.
 - 2) Proficiency in the proper techniques, execution, and progression of tumbling, jumps, partner stunts, pyramids, and spotting.
- d. Coaches are to demonstrate knowledge and competency in the following areas:
 - 1) Care and prevention of athletic injuries, including cardiopulmonary resuscitation (CPR) and first aid, including, but not limited to, a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions;
 - 2) Coaching techniques;
 - 3) Rules and regulations in the athletic activity being coached;
 - 4) Child or adolescent psychology.
- e. Additional requirements for coaches who are not full-time employees
 - 1) Background checks to determine any offenses referenced in Education Code sections 44010, 44011, or 44424;
 - 2) Tuberculosis testing, every four (4) years;
 - 3) Armatus Molestation Prevention training;
 - 4) Agree to follow all applicable school board policies;
 - 5) Agree to and sign a “Code of Ethical Conduct;”
 - 6) Completion of a Volunteer form, as applicable.
- f. Coaches and/or supervisors attend practice and/or competition to supervise students.

3. SCHEDULE

- a. Competitions, practices, and fundraising events must be scheduled and approved by the school site administrator prior to the beginning of the season.
 - 1) Fundraising events that are not sponsored by established parent-teacher/faculty organizations, such as PTA and PFO, or established booster clubs, are to follow district board policy and/or Fiscal Crisis and Management Assistance Team (FCMAT) guidelines for fundraising events found in Chapter 8 of the current *Associated Student Body Accounting Manual, Desk Reference and Fraud Prevention Guide*.
 - a) Found at: [http://www.fcmat.org/stories/storyReader\\$911](http://www.fcmat.org/stories/storyReader$911)
- b. A written schedule of competitions, meetings, and/or team practices must be attached to the field trip form. The school site administrator must approve additions to the schedule.
- c. Team practice does not begin until an adequate number of adult coaches and/or supervisors are present. If an insufficient number of adult coaches and/or supervisors are available, practice is to be cancelled.
- d. Ad hoc practices, competitions, and fundraising events. Practice sessions, competitions and/or fundraising events not on the approved schedule are not school-sanctioned.
 - 1) The coach, supervisor, and/or committee organizing practices, competitions, and fundraising events that are not on the approved schedule may not be covered by the district liability insurance program.

4. PERSONAL INSURANCE

- a. Each participant must show proof of personal medical and/or accident insurance.
- b. Information regarding personal accident insurance will be available through the district.

5. REQUIRED FORMS

- a. All applicable forms are to be signed and returned by the athlete and the athlete's parent or guardian annually before the athlete's initiating try-out, practice, or competition.
- b. All sport team and sport club participants must submit a fully completed and signed "Voluntary Sports/Athletic Event Or Activity, Informed Consent And Liability Release, Acknowledgment And Assumption Of Potential Risk" form
- c. District Forms
 - 1) Field Trip/Excursion Authorization and Medical Treatment Authorization with attached practice schedule and competition schedule

- 2) Physical Examination
 - 3) Concussion information
 - 4) Readmission to School of Student with Temporary Disability or Injury
 - 5) Personal Vehicle Use (coaches, supervisors, and chaperones).
 - 6) Student Transportation Permission
- d. Accident Reports
- 1) VCSSFA “Report of Personal Accident” Form VCSS SFA – 1006 must be completed after any injury arising out of or in the course of travel to, or participation in Competitive Team Sport Clubs practice and/or competition.
 - 2) All accident reports must be completed thoroughly, accurately, and submitted to the district office within 24 hours of the incident.

6.CONCUSSION MANAGEMENT

- a. Coaches are to be trained in a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions. (California Education Code (Ed Code), Section 35179.1(b)(6))
- b. A concussion and head injury information sheet shall be signed and returned by the athlete and the athlete’s parent or guardian annually before the athlete’s initiating practice or competition. (Ed Code, §49475(a)(2))
- c. An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, trained in the management of concussions, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from that licensed health care provider. (Ed Code, §49475(a)(1))
- d. Refer to Best Practices for Concussion Management for more information
<http://www.vcssfa.org/RiskControl/BestPractices/tabid/2068/Default.aspx>

7. RETURN FROM INJURY OR ILLNESS

- a. An athlete who suffers a significant injury or illness during an athletic activity should be immediately removed from the activity for the remainder of the day, and should not be permitted to return to the activity until he or she is evaluated by a licensed health care provider
 - 1) Broken bone(s);
 - 2) Severe joint sprain, requiring a splint or cast;
 - 3) Severe muscle strain;

- 4) Concussion;
- 5) Seizure;
- 6) Heat exhaustion and/or heat stroke.
- b. The athlete should not be permitted to return to the activity until he or she receives written clearance and release to return to the activity from a licensed health care provider.
 - 1) Readmission to School of Student with Temporary Disability or Injury form

8. TRANSPORTATION

- a. Refer to “Best Practices for Student Activity Transportation.”
<http://www.vcssfa.org/RiskControl/BestPractices/tabid/2068/Default.aspx>

9. FACILITY/ENVIRONMENT

- a. An appropriate environment must be provided based on the number of participants, skills allowed, the ability levels of the teams and the current safety rules for the levels involved in the competition.
- b. Areas for cheerleading participation should be separated from other concurrent activities by some form of barrier and/or clearly marked.
- c. Floors, as well as outdoor performing surfaces, should be level, smooth, clean, and dry.
- d. The designated performance area must have a minimum border of two feet before any drop-off or obstruction.
 - 1) Any columns, obstructions, or protrusions in the participation environment should be properly and safely padded.
- e. The ceiling height must be adequate based on the level of the teams performing and the skills allowed.
- f. Artificial lighting should be at least 50 foot candles for gymnasiums.
- g. Teams should be made aware of the designated size of the performance area and the performance surface in advance of registration for the event.
- h. The use of trampoline, mini-tramp, double mini-tramp or other type of projectile device is not recommended for cheerleading activities.
 - 1) Use of trampoline or mini-tramp is excluded from VCSSFA coverage.
 - 2) Refer to VCSSFA Liability Coverage Memorandum, Section E: Exclusions and Gaps in Coverage, paragraph 2, Gaps in Coverage, subparagraph a.

10. EQUIPMENT

a. Apparel

- 1) Apparel for practice and performance situations should be snug-fitting and yet should allow for a reasonable freedom of movement
 - a) Loose fitting garments, especially v-neck shirts, pocketed shirts, and shirts with wide collars are not recommended because of their potential to entangle with another performer.
- 2) Jewelry, including hard hair accessories such as large barrettes is prohibited in all practice and performance settings.
 - a) Medical alert jewelry may be worn, but is to be removed from the neck or wrist and secured to the body with tape.

b. Footwear

- 1) Proper footwear can minimize risk of injury and enhance performance: Considerations include:
 - a) Cushioning,
 - b) Lateral support,
 - c) Fit/comfort.

c. Spotting Belts

- 1) Spotting belts help protect the performer during the execution of a skill by preventing a high-impact fall.
- 2) Belts and corresponding rigging should be inspected regularly, adequately maintained, and replaced at the first sign of undue wear.
- 3) Whenever metal clips are used to attach the ropes to the belt, they should be locked and/or taped in the “closed” position in order to minimize the possibility of becoming unfastened during use.
- 4) Always ensure the belt is tight and snug.
- 5) Always use proper matting when using spotting belts.
- 6) Whenever using overhead spotting rigs, be sure that the spotter weighs as much as, and preferably more than, the performer.
- 7) Spotting belts should never be considered as a replacement for proper learning progressions and performer readiness.

d. Mats

- 1) If the skills involved call for a mat, it should be carpet-bonded foam at a minimum of 1 -3/8” (one and three-eighths inches) thickness.

- a) Use additional mats where appropriate. Whenever new and difficult skills are being performed, provide additional matting. As skill proficiency increases, the amount of matting can be decreased accordingly.
- 2) Always follow the manufacturer's guidelines. Reputable manufacturers provide important information regarding selection, use, installation, care and maintenance of mats.
- 3) Never depend on matting as the primary safety device. Mats must never be used as a safety device in place of performer readiness, appropriate skill progressions, proper spotting, and competent instruction and supervision.

11. SKILLS SAFETY

- a. Copies of 2013-14 AACCA School Cheer Safety Rules (see attached) are to be distributed to all squad members and any administrators involved with the cheerleading or spirit program.
<http://www.vcssfa.org/RiskControl/BestPractices/tabid/2068/Default.aspx>
- b. All guidelines are to be understood and accepted by all parties involved in the cheerleading or spirit program including coaches, supervisors, advisors, assistants, squad members, parents, and administrators.
- c. Skills Progression
 - 1) Proper execution techniques of the basics serve as a major criterion for determining whether or not a cheerleader should be permitted to advance to the next and more difficult level.
 - 2) Performers should be able to demonstrate a wide variety of basic body shapes and positions.
 - 3) Proper landing techniques should be taught at ground level.
 - a) Start low and build up.
 - 4) Good landing techniques should be practiced until they become automatic.
 - 5) Tumbling should serve as the basis for every cheerleading activity.
 - 6) Performers should always master basic tumbling skills first before progressing to the more difficult ones
 - 7) Partner stunts require all participants to be physically prepared to participate and be reasonably well-grounded in body positioning, balance, and basic tumbling activities

12. SPOTTING

- a. The primary purpose of any spotting situation centers upon protection of the performer's head and neck.

- b. The spotter(s) should be in constant contact with the person being spotted and in a position to break a potential fall and/or catch the performer at any time.
- c. Cheerleaders should learn to spot the most basic partner stunts first using lighter members of the squad as performers.
- d. Cheerleaders should practice spotting one another from regions of lower locatin first and insure consistent, effective spotting before moving to regions of progressively higher locations
- e. Never rely on spotting in place of adequate skill progressions and/or performer readiness.

13. HAZARDOUS WEATHER (AS APPLICABLE)

- a. Review weather conditions and information prior to each practice and/or competition and be aware of any warning. Evaluate the weather and event:
 - 1) National Oceanic and Atmospheric Administration (NOAA)
805-278-0760
 - 2) National Weather Service
805-988-6610
- b. Heat
 - 1) Even being out for short periods of time in high temperatures can cause serious health problems.
 - 2) Monitor activities and time in the sun to lower the risk for heat-related illness.
 - 3) If outside in hot weather for most of the day make an effort to drink more fluids.
 - 4) Avoid beverages and drinks high in sugar, and stay away from caffeinated and carbonated beverages.
 - 5) Whatever the outdoor activity, have water on hand to decrease the risk of dehydration.
- c. Sun protection
 - 1) Competitive Team Sport Clubs members are to use waterproof sun block with a Sun Protection Factor (SPF) of 30 or higher.
 - 2) Canopies and/or umbrellas are also recommended to provide protection from the sun.
- d. Thunderstorm
 - 1) Upon seeing lightning or hearing thunder, immediately move all students and staff indoors. Do not wait for the rain to begin falling.

- 2) While indoors, stay away from windows and doors; refrain from using telephones, electrical appliances, computers, or plumbing fixtures; and do not lie on concrete floors or lean against reinforced masonry walls.
- 3) Remain indoors for at least 30 minutes after the last lightning is observed or the last thunder is heard.
- 4) For additional information, refer to Thunderstorm Safety Information Sheet.

<http://www.vcssfa.org/RiskControl/InformationSheets.aspx>

2019-20 USA Cheer College Safety Rules

SUMMARY OF CHANGES

Note: The USA Cheer College Safety Rules use a two-year cycle for rules changes. 2019-20 is a “minor changes” year. The former “AACCA Cheer Rules” are now the USA Cheer Rules since the two organizations merged.

- The wording for non-twisting basket toss flips has been changed. The previously listed set of baskets is consistent with the new wording that flipping baskets that do not twist are limited to one additional skill.
- The wording for allowed surfaces has been changed to provide more clarity.
- A rule has been added that prohibits middle and top layers in pyramids from releasing signs or other hard props to the performance surface. Note that at the college level, a base may take a sign from a top or middle layer temporarily and then release it immediately to the ground or hand to another person on the ground.

New or revised rules are highlighted in **bold, underlined, italicized**.

A. Definitions

1. Base - A person who is in direct contact with the performing surface and is supporting another person's weight.
2. Cradle - Dismount from a stunt/pyramid/toss in which the top person lands in a face-up, semi-piked position.
3. Cupie/Awesome – A stunt in which both of the top person's feet are in one hand of the base.
4. Dive Roll - An aerial forward roll where the feet of the performer are at or above the performer's waist prior to the hands making contact with the performing surface.
5. Flatback - A stunt in which the top person is in a face-up, straight-body position parallel to the performing surface.
6. Flip - When a person is airborne while the feet pass over the head.
7. Height-increasing Apparatus - Any type of equipment that increases the height of a skill.
8. Helicopter Toss - A stunt in which the top person is tossed into the air with the body parallel to the ground and completes a 360 degree horizontal rotation (like the blades of a helicopter).
9. Inverted/Inversion – A body position where the shoulders are below the waist.
10. Loading Position - Any intermediate position below shoulder level that uses continuous motion to put a top person in a stunt or pyramid. Examples: Elevator/sponge load, basket load, smoosh, scoop from the back, etc.
11. Middle - A person who is being supported by a base while also supporting a top person.
12. Pyramid - A skill in which a top person is being supported by a middle layer person.
13. Rewind - Skill in which the top person starts with at least one foot on the ground, is tossed into the air and performs a forward, backward, or side flip into a stunt, pyramid, loading position, or cradle.
14. Spotter - A person who is responsible for assisting or catching the top person in a partner stunt or pyramid. This person cannot be in a position of providing primary support for a top person but must be in a position to protect the top person coming off of a stunt or pyramid.

2019-20 USA Cheer College Safety Rules

15. Stunt - A skill in which a top person is supported by a base or bases.
16. Top - A person who is either being supported by another while off of the performing surface or who has been tossed into the air by another person.
17. Toss - A release stunt in which the bases begin underneath the top person's feet, execute a throwing motion from below shoulder level to increase the height of the top person, and the top person becomes free from all bases, spotters, posts or bracers.

B. General Program Guidelines

1. Cheerleading squads should be placed under the direction of a qualified and knowledgeable advisor or coach.
2. All practice sessions should be supervised by the advisor/coach and held in a location suitable for the activities of cheerleaders (e.g., use of appropriate matting, away from excessive noise and distractions, etc.)
3. Prior to the performance of any skill, the immediate environment for the activity should be taken into consideration including, but not limited to proximity of non-squad personnel, performance surface, lighting and/or precipitation. Technical skills should not be performed on concrete, asphalt, wet or uneven surfaces or surfaces with obstructions.
4. Advisors/coaches should recognize the particular ability level of all participants and should limit the squad's activities accordingly. Participants should not be pressed to perform activities until they are safely prepared.
5. Skills that have not been mastered should be performed only in a supervised practice environment.
6. Thorough training in proper spotting techniques should be mandatory for all squads.
7. All cheerleaders should receive proper training before attempting any form of cheerleading technical skills (tumbling, partner stunts, pyramids and jumps).
8. All cheerleading squads should adopt a comprehensive conditioning and strength building program.
9. An appropriate warm-up exercise should precede all cheerleading activities.
10. All programs should qualify cheerleaders according to accepted teaching progressions. Appropriate spotting should be used until all performers demonstrate mastery of the skill, and when spotting is required by specific rule.
11. In environments where there is close proximity to the athletic event and out of bounds plays pose a significant risk of injury to the participant, no technical skills should be performed while the ball is in play.
12. All partner stunts, pyramids, and tosses should be reviewed and approved by the coach prior to execution.

C. General Restrictions

1. The use of any height-increasing apparatus (e.g. mini-trampoline, etc.) other than a spring floor is prohibited for performance.
2. **When using props (signs, etc.) that are made of solid material or have sharp edges/corners:**
 - a. **A top or middle person may not release the props to the ground.**
 - b. **A person on the ground must gently toss or place the props.**
3. Unless allowed below, the top person in a partner stunt, pyramid or transition cannot be released from bases or leave the floor unassisted with the intent to land or be caught in an inverted body position.
4. An individual may not jump, flip or dive over, under, or through partner stunts, pyramids or individuals from basket tosses, similar tosses, partner stunts or other tosses from hands.

2019-20 USA Cheer College Safety Rules

5. Drops (knee, seat, thigh, front, back and split) from a jump, stand or inverted position are prohibited unless the majority of the weight is first borne on the hands/feet which breaks the impact of the drop.
6. Jewelry of any kind is prohibited (e.g., navel jewelry, tongue jewelry, earrings, necklaces, etc.) Medical bracelets are allowed provided they are taped to the body.
7. Soft-soled athletic shoes must be worn while cheering or competing. Gymnastics shoes, jazz shoes and/or boots are prohibited.

D. Partner Stunts

1. Released load-ins and released transitions with more than $1\frac{1}{4}$ twists require an additional spotter.
2. Dismounts with more than $1\frac{1}{4}$ twists require an additional spotter that assists on the cradle.
3. Released load-ins from a handstand position (stationary or through a handspring load-in) to a partner stunt require an additional spotter.
4. Stunts in which the top person is in a handstand position require an additional spotter.
5. Stunts in which the base uses only one arm for support require a spotter when:
 - a. The stunt is anything other than a cupie/awesome or basic liberty. All other one-arm stunts require a spotter (e.g., heel stretch, arabesque, high torch, scorpion, bow and arrow, etc.).
 - b. There is a released twisting load-in or dismount. The spotter must be in place during the twist and assist on the cradle during twisting dismounts.
 - c. The top person is popped from one arm to the other.
6. A single base release to shoulders requires a spotter to the side or back of the base during the release and landing phase of the skill.
7. A top person can be released from a handstand position on the ground to a hand-to-hand stunt provided the top person does not twist or rotate.
8. A top person can be released from a cradle position to an inverted position.
9. Single based split catches are prohibited.
10. Twisting dismounts greater than two rotations are prohibited. Exception: side facing stunts - i.e. Arabesque, Scorpion, double full twisting cradles to the front are legal.
11. Front, back and side tension drops are prohibited.
12. All leg pitch, toe pitch, walk-in, sponge, and straddle catch flips to the performing surface are prohibited.
13. Flipping into and out of stunts is allowed with the following conditions.
 - a. The top person is limited to $1\frac{1}{4}$ flipping rotations and $\frac{1}{2}$ twisting rotations.
 - b. Flips must be caught by the original group and may not be directed so that the bases must move to catch the top person.
 - c. Bases are limited to $\frac{1}{2}$ turn under the top person.
 - d. In rewinds:
 1. Rewinds require a spotter and may land in a stunt (including loads and horizontal positions), a standing position on the performing surface, or a cradle with assistance from the spotter.
 2. Spotters may throw from under a single foot or leg of the top person.
 - e. In flips from stunts:
 1. Flips from stunts must initiate from prep level only and must land in a cradle, horizontal position, or in a standing position on the performing surface. (Note that flipping from a basket or sponge loading position is a "toss" and must follow the Toss section rules.)
 2. Landings from flips with a single rotation or less require two people.

2019-20 USA Cheer College Safety Rules

3. Landings from flips with greater than one rotation require three people. When landing in a cradle position, one of the catchers must be in a “scoop” position behind the top person.
4. Flips to the performing surface require the top person landing on at least one foot with assistance from at least one base. The spotter must be active, but is not required to make contact.
5. In all other landings from flips, all required catchers must be active in assisting the top person during the landing by making contact.

E. Pyramids

1. Pyramids higher than 2 ½ body lengths are prohibited. Pyramid height is measured by body lengths as follows: chairs, thigh stands and shoulder straddles are 1 ½ body lengths; shoulder stands are 2 body lengths; extended stunts (i.e. extension, liberty, etc.) are 2 ½ body lengths. Exception: an extended stunt on top of a thigh stand is allowed.
2. In all pyramids, there must be at least two spotters designated for each person who is above two persons high and whose primary support does not have at least one foot on the ground. Both spotters must be in position as the top person is loading onto the pyramid. One spotter must be behind the top person and the other must be in front of the top person or at the side of the pyramid in a position to get to the top person if they were to dismount forward. Once the pyramid shows adequate stability and just prior to the dismount, this spotter can move to the back to catch the cradle. As pyramid design and loading varies greatly, we recommend a review of any new pyramids where the spotting position may be in question. Loaders may act as spotters. The most important issue is that there is someone in position to provide assistance to the top person when they land.
3. In all “2-1-1 thigh stand tower” pyramids, there must be a spotter who is not in contact with the pyramid in place behind the top person. If a bracer is needed to assist the thigh stand middle layer, they do not fill this role and an additional spotter who is not in contact with the pyramid is required.
4. Cradles and horizontal landings from pyramids over two high must use at least two catchers, one on each side of the top person.
5. Front, back, and side tension drops are prohibited.
6. Flipping dismounts from pyramids are allowed with the following conditions:
 - a. Front flip and Arabian dismounts may land in a cradle, face up horizontal position, or the performing surface to a minimum of two catchers who assist on the landing.
7. Flips into a pyramid are allowed under the following conditions:
 - a. The flip is initiated from prep level or below. (Basket toss flips and handstand flips are not allowed.) The top person is limited to one and one-quarter rotations and may not twist.
 - b. Top persons may not land in an inverted position.
 - c. A rewind to a pyramid does not require an additional spotter.

F. Tosses

1. Basket tosses or similar tosses may only be performed from ground level, can use no more than four bases, and must be cradled by three of the original bases, one of which must catch in a scoop under the head and shoulders.
 - a. Exceptions:
 1. Elevator tosses may flip into pyramids as outlined above.
 2. Basket and elevator/sponge load-ins can land in a stunt or pyramid provided that the toss does not significantly exceed the height of the intended skill.
2. Basket and elevator/sponge tosses may not be directed so that the bases must move to catch the top person.

2019-20 USA Cheer College Safety Rules

3. In non-flipping baskets, the top person is limited to 2 ¼ twisting rotations and three total tricks (i.e. kick double full).
4. In flipping baskets that involve more than one male thrower (sides or front), the backspot must be a male.
5. In flipping basket/sponge tosses, only the following skills are allowed:
 - a. **Non-twisting somersaults in a tuck, layout, or pike position with up to one additional non-flipping trick.**
6. The following skills may only be performed if both side throwers and the backspot are male.
 - a. Layout Full Twist
 - b. Layout Straddle Full Twist
 - c. Tuck X Out Full Twist
 - d. Tuck Kick or Tuck Split Full Twist
 - e. Layout Kick or Layout Split Full Twist

(All other flipping basket positions and combinations are prohibited, i.e., Front flips, Arabians, Pike-open Full Twist, Side Sumis, Double Full Twists, etc.)

G. Tumbling

1. Tumbling skills performed over, under or through partner stunts, pyramids or individuals are prohibited.
2. Tumbling skills that exceed one flipping rotation are prohibited.
3. Tumbling skills with two or more twisting rotations are prohibited.
4. Dive rolls are prohibited.
5. Airborne drops to a prone position on the performing surface are illegal. (Examples: A back flip or a jump landing in a pushup position is illegal. A handspring to a pushup position is legal as it is not airborne prior to the prone landing.)

H. Specific Surface Restrictions

1. The following skills are only allowed on a mat, grass (real or artificial) or rubberized track surface.
 - a. Basket tosses, elevator/sponge tosses and other similar multi-based tosses.
 - b. Flipping skills into or from stunts, tosses or pyramids.
 - c. Two and one-half high pyramids. Mounts or dismounts to and from 2 ½ high pyramids may not flip or twist on a rubberized track surface.
2. At football games, kick double baskets and baskets that flip AND twist are only allowed during pre-game or half-time situations while on grass (real or artificial) or a matted surface with dimensions of at least 10' x 10'.

USA Federation for Sport Cheering

2019-20 USA Cheer College Safety Rules

3. At basketball, volleyball, and other indoor games, **the following skills are prohibited for all timeouts (regardless of matting) and for pre-game, half-time, or post-game performances without matting.**

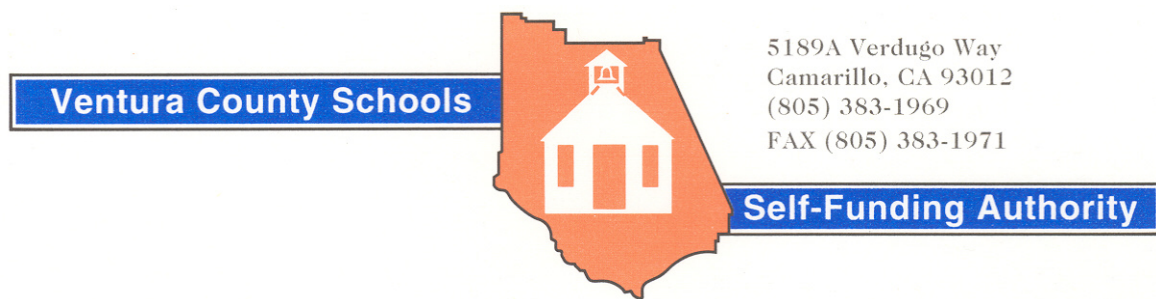
- a. Basket tosses, elevator/sponge tosses and other similar multi-based tosses.
- b. Partner stunts in which the base uses only one arm to support the top person. Exception: Cupies/awesomes are allowed with an additional spotter.
- c. Flips into or from partner stunts.
- d. Inversions. Exception: High school level inversions are allowed. (For college, braced flips can be braced by single based skills with a spotter.)
- e. Twisting dismounts greater than 1 ¼ rotation. Twisting dismounts up to 1 ¼ rotation on the court require an additional spotter.
- f. Two and one-half person high pyramids.
- g. Airborne twisting tumbling skills (Arabians, full twisting layouts, etc. Cartwheels, roundoffs and aerial cartwheels are allowed.)

4. At basketball, volleyball, and other indoor games during pre-game, half-time, or post-game performances where sufficient matting is used, there are no additional restrictions to the standard rules. (Sufficient matting varies by skill. In general, there should be at least two to three feet of clearance between non-tumbling skills and the edge of the mat.)

The above safety rules are general in nature and are not intended to cover all circumstances. All cheerleading skills, including tumbling, partner stunts, pyramids, jumps and tosses should be carefully reviewed and supervised by a qualified and knowledgeable advisor or coach. USA Cheer makes no warranties or representations, either expressed or implied, that the above guidelines will prevent injuries to individual participants.

Rules may change within a season for safety or clarification purposes. For the most recent safety rules and information, visit usacheer.org.

USA Federation for Sport Cheering



Best Practices for Concussion Management

1. Contents

Scope.....	1
Definitions.....	2
Concussion Information.....	2
Education and Training.....	3
General Prevention.....	4
Full-Contact Football Practices.....	4
Removal from Activity	5
Signs and Symptoms.....	5
Forms	6
Return to Activity	7
Return to Learn	8
Recommended Baseline Testing.....	8

2. Scope

- a. Concussion management applies to all school-sponsored athletic activities.
 - 1) Interscholastic high school teams
 - 2) High school summer league teams
 - 3) Interscholastic middle school teams
 - 4) All intramural teams
 - 5) Competitive sport club teams
 - a) Refer to “Competitive Sports and Sports Club Self-Insurance Program”

- b. Exception: athletic activity during the regular school day or as part of a physical education course.
- c. Section 7, Full-Contact Practices, applies to high school and middle school football teams.

3. Definitions

- a. “Full-contact practice” means a practice where drills or live action is conducted that involves collisions at game speed, where players execute tackles and other activity that is typical of an actual tackle football game.
- b. “Off-season” means a period extending from the end of the regular season until 30 days before the commencement of the next regular season.
- c. “Preseason” means a period of 30 days before the commencement of the regular season.
- d. “Regular season” means the period from the first interscholastic football game or scrimmage until the completion of the final interscholastic football game of that season.

4. Concussion Information

- a. A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious.
- b. Children and adolescents may be at particular risk because their developing brains are especially vulnerable to the potentially catastrophic effects of multiple head injuries
- c. Concussions can occur in *any* sport or recreation activity. All coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs. Concussions may or may not involve loss of consciousness.
- d. Effects of concussion can include impaired thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression). Repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- e. Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

5. Education and Training

a. High School Coaches (California Education Code, section 35179.1)

- 1) In addition to certification in cardiopulmonary resuscitation (CPR) and first aid, coaches are to have a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions.
- 2) Concussion training may be fulfilled through entities offering free, online, or other types of training courses.

a) Free online training can be found on these websites:

<http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

<http://www.cdc.gov/concussion/sports/index.html>

<https://www.edurisksolutions.org>

- 3) It is recommended that this training is completed every two (2) to three (3) years.

b. Middle school and elementary school coaches are recommended to be trained regarding the signs and symptoms of concussions and the appropriate response to concussions.

- 1) Free online training can be found on these websites:

<http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

<http://www.cdc.gov/concussion/sports/index.html>

<https://www.edurisksolutions.org>

- 2) It is recommended that this training is completed every two (2) to three (3) years.

c. Parents and Athletes (California Education Code, section 49475)

- 1) A concussion and head injury information sheet is to be signed and returned by the athlete and the athlete's parent or guardian before the athlete's initiating practice or competition.

a) Forms can be found on these websites:

<http://www.vcssfa.org/Forms.aspx>

<http://www.cifstate.org/index.php/the-latest-news/concussions>

http://www.cdc.gov/concussion/HeadsUp/high_school.html

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

- 2) The information sheets or similar forms are to be sent home, signed, and collected annually.

6. General Prevention

- a. Limit contact during sports practices (when appropriate for the sport).
 - 1) See also Section 7, Full-Contact Football Practices.
- b. Put in place rule changes and/or banning or limiting the use of certain drills or techniques to help reduce the risk of injury.
- c. Check sports equipment often. This includes making sure the equipment fits the athletes well, is in good condition, stored properly, and is repaired and replaced based on instructions from the equipment manufacturer.

7. Full-Contact Football Practices (California Education Code, section 35179.5)

- a. A high school or middle school football team shall not conduct more than two full-contact practices per week during the preseason and regular season.
 - 1) The full-contact portion of a practice shall not exceed 90 minutes in any single day.
- b. A high school or middle school football team shall not hold a full-contact practice during the off-season.
 - 1) “Full-contact practice” means a practice where drills or live action is conducted that involves collisions at game speed, where players execute tackles and other activity that is typical of an actual tackle football game. (Education Code, section 35179.5,(c),(1))
 - 2) Definition of Practice (CIF Bylaws, Article 50, General Rules, 506 C.)
 - a) Any school team or individual activity organized by the coach that is intended to maintain or improve a student-athlete’s skill proficiency in a sport; AND/OR
 - b) Any school team or individual activity that includes skill drills, game situation drills, inter-squad scrimmages or games, weight training, chalk talks, film review, meetings outside of school time (excluding parent meetings) that are implicitly/explicitly required by the coach; AND/OR
 - c) Any other coach-directed or supervised school team or individual activity or instruction for a specific sport (private, small group or positional instruction, etc.) AND/OR
 - d) Any other team or individual instruction for a specific sport organized or supervised by any team member, or anyone else associated with the high school athletic program, team or school; AND
 - e) Outside organization activity (club, etc.), shall not be used to circumvent these Bylaws.

8. Removal From Activity (California Education Code, section 49475)

- a. If a concussion is suspected, the coaches and/or instructors are to take the following steps:
 - 1) An athlete that experiences a forceful bump, blow, or jolt to the head or has had a helmet forcefully removed is to be removed from practice or a game/competition.
 - 2) The athlete is to be monitored for signs and symptoms of concussion.
 - 3) If signs or symptoms of concussion do not exist, the athlete can be returned to the practice or game/competition.
 - a) This may require a significant amount of time out of the practice or game/competition
 - 4) If signs or symptoms of concussion do exist, the athlete is to be removed from the practice or game/competition.
 - 5) Parents or guardians are to be notified of the suspected concussion.
 - 6) The athlete is not to return to practice or game/competition until he or she is evaluated by a licensed health care provider who is trained in the management of concussions.
 - a) The “scope of practice” for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).
– California Interscholastic Federation (CIF)
 - 7) The athlete is not permitted to return to the practice or game/competition until he or she receives written clearance to return to the practice or game/competition from that licensed healthcare provider

9. Signs and Symptoms

- a. Signs are indications of an injury or illness that can be observed by another person
 - 1) Appears dazed or confused
 - 2) Is confused about assignment or position
 - 3) Forgets an instruction
 - 4) Unsure of game, score, or opponent
 - 5) Moves clumsily
 - 6) Answers questions slowly
 - 7) Loses consciousness (even briefly)
 - 8) Shows mood, behavior, or personality changes
 - 9) Cannot recall events prior to or immediately after hit or fall

- b. Symptoms are indications of an injury or illness that are felt by the injured or ill person, but cannot be readily observed by another person
 - 1) Headache or “pressure” in head
 - 2) Nausea with or without vomiting
 - 3) Balance problems or dizziness
 - 4) Double or blurry vision
 - 5) Sensitivity to light or noise
 - 6) Feeling sluggish, hazy, foggy, or groggy
 - 7) Concentration or memory problems
 - 8) Confusion
 - 9) Just not “feeling right” or is “feeling down”

10. Forms

a. Required Forms

- 1) A Concussion Information Sheet (SFA 5210, SFA 5210S)
- 2) Voluntary Sports/Athletic Event or Activity Informed Consent and Liability Release, Acknowledgement and Assumption of Potential Risk
- 3) Field Trip Authorization and Medical Treatment Authorization (SFA 2010, SFA 2010S)
- 4) Report of Personal Accident
 - a) Required to be completed each time a concussion is suspected
 - b) To be forwarded to the District Risk Management Department or Business Office
- 5) Written clearance is required from a health care provider, trained in the management of concussions, to return to activity from a suspected concussion, even when no concussion is diagnosed, as well as a diagnosed concussions.
 - a) See recommended forms Return to School after Concussion and Head Injury and Acute Concussion Evaluation (ACE)

b. Recommended Forms

- 1) Concussion Checklists
 - a) Preseason (before the athlete’s initiating practice or competition
 - b) Concussion and Head Injury Management
- 2) Baseline Testing, see Section 13,

- 3) Notice to Parent (SFA 5220, SFA 5220S)
- 4) Return to School after Concussion or Head Injury (SFA 5230)
- 5) Acute Concussion Evaluation (ACE)

11. Return to Activity

- a. Written clearance is required from a health care provider, trained in the management of concussions, to return to activity from a suspected concussion, even when no concussion is diagnosed.
- b. If a licensed health care provider determines that the athlete sustained a concussion or a head injury, written clearance is required from a health care provider for the athlete to return to activity.
 - 1) See Section 10, Recommended Forms: Return to School after Concussion and Head Injury
- c. The athlete is required to complete a graduated return-to-play protocol of no less than seven (7) days in duration under the supervision of a licensed health care provider. (California Education Code, section 49475)
- d. The athlete is allowed to return to games/competition only with written permission from a licensed health care provider who is trained in the management of concussions.
 - 1) See Section 10, Recommended Forms: Acute Concussion Evaluation (ACE)
- e. The Centers for Disease Control and Prevention recommends the following return-to-activity steps:

Note: These steps are to be supervised by the licensed health care provider as described in Section 8.

- 1) Aerobic conditioning
 - a) Walking, swimming, stationary cycling
 - b) Low to moderate intensity, no more than 30 minutes
 - c) If symptoms return, wait until symptom free for 24 hours, repeat step 1
 - d) No symptoms for 24 hours, move to step 2
- 2) Sport-specific drills, no contact
 - a) Running, jumping, swimming
 - b) Moderate intensity, no more than 60 minutes
 - c) If symptoms return, wait until symptom free for 24 hours, repeat step 1
 - d) No symptoms for 24 hours, move to step 3

- 3) Non-contact training drills
 - a) Running patterns, passing, resistance training
 - b) Moderate to hard intensity, no more than 90 minutes
 - c) If symptoms return, wait until symptom free for 24 hours, repeat step 2
 - d) No symptoms for 24 hours, move to step 4
- 4) Full contact practice
 - a) No intensity or duration restrictions
 - b) If symptoms return, wait until symptom free for 24 hours, repeat step 3
 - c) No symptoms for 24 hours, move to step 5
- 5) Return to games/competition
- f. Following these, or similar, steps can minimize the risk of second impact complications.

12. Return to Learn

- a. In most cases, a concussion will not significantly limit a student's participation in school;
- b. In some cases, a concussion can affect multiple aspects of a student's ability to participate, learn, and perform well in school.
- c. The experience of learning and engaging in academic activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen.
- d. A health care professional, trained in the management of concussions, should offer guidance about when it is safe for a student to return to school and appropriate levels of cognitive activity.

13. Recommended Baseline Testing

- a. Baseline testing is a voluntary pre-season exam conducted by a trained health care professional. Baseline tests are used to assess an athlete's balance and brain function (including learning and memory skills, ability to pay attention or concentrate, and how quickly he or she thinks and solve problems), as well as for the presence of any concussion symptoms. Results from baseline tests (or pre-injury tests) can be used and compared to a similar exam conducted by a health care professional during the season if an athlete has a suspected concussion.
- b. Baseline testing should take place during the pre-season—ideally prior to the first practice. It is important to note that some baseline and concussion assessment tools are only suggested for use among athletes ages 10 years and older.

- 1) Acute Concussion Evaluation (ACE) Care Plan
 - a) A form used to evaluate athletes suspected of having a concussion, but can be used pre-concussion.
 - b) Recommended by the US Centers for Disease Control and Prevention (CDC)
- 2) Sport Concussion Assessment Tool 2 (SCAT2)
 - a) A form often used pre-concussion, but can be used to evaluate athletes suspected of having a concussion.
 - b) Recommended by North American Concussion Safety Programs
- 3) Neurocognitive tests are computer-based and designed to record the subtle higher cognitive functions of the brain. Tested functions include memory, processing speed, attention span, problem-solving skills, and verbal recognition.



ACUTE CONCUSSION EVALUATION (ACE)

CARE PLAN

Gerard Gioia, PhD¹ & Micky Collins, PhD²

¹Children's National Medical Center

²University of Pittsburgh Medical Center

Patient Name: _____

DOB: _____ Age: _____

Date: _____ ID/MR# _____

Date of Injury: _____

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check).

____ No reported symptoms

Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following

Headaches that <u>worsen</u>	Look <u>very</u> drowsy, can't be awakened	Can't <u>recognize</u> people or places	Unusual behavior change
Seizures	<u>Repeated</u> vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
 - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
 - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to maintain appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
 - Increased problems paying attention or concentrating
 - Increased problems remembering or learning new information
 - Longer time needed to complete tasks or assignments
 - Greater irritability, less able to cope with stress
 - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

~Continued on back page~

Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: *(check all that apply)*

- ☐ No return to school. Return on (date) _____
- ☐ Return to school with following supports. Review on (date) _____
- ☐ Shortened day. Recommend ____ hours per day until (date) _____
- ☐ Shortened classes (i.e., rest breaks during classes). Maximum class length: ____ minutes.
- ☐ Allow extra time to complete coursework/assignments and tests.
- ☐ Lessen homework load by ____%. Maximum length of nightly homework: ____ minutes.
- ☐ No significant classroom or standardized testing at this time.
- ☐ Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.
- ☐ Take rest breaks during the day as needed.
- ☐ Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

- ☐ Do not return to PE class at this time
- ☐ Return to PE class
- ☐ Do not return to sports practices/games at this time

☐ **Gradual** return to sports practices under the supervision of an appropriate health care provider.

- Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
- Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, stop these activities and let your health care professional know. Once you have not experienced symptoms for a minimum of 24 hours and you receive permission from your health care professional, you should start again at the previous step of the return to play plan.

Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e.,). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

This referral plan is based on today's evaluation:

- ☐ Return to this office. Date/Time _____
- ☐ Refer to: Neurosurgery____ Neurology____ Sports Medicine____ Physiatrist____ Psychiatrist____ Other____
- ☐ Refer for neuropsychological testing
- ☐ Other_____

ACE Care Plan Completed by: _____ **MD RN NP PhD ATC**



Oxnard School District Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|

What can happen if my child keeps on playing with a concussion or returns too 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 athletes 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. California Education Code section 49475 and CIF Bylaw 313 now require implementation of long and well-established return to play concussion guidelines that have been recommended for several years.

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

Return to Play (RTP)

Concussion symptoms should be completely gone before returning to full practice or 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. Return to play (i.e., full practice and competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.

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

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

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Legal References:

California Education Code section 49475,

California Interscholastic Federation Bylaw 313



DISTRITO ESCOLAR DE OXNARD

Información acerca de las concusiones cerebrales

Una concusión es una herida cerebral y todas las heridas cerebrales son graves. Dichas heridas son causadas por un golpe ligero, un golpe fuerte a la cabeza, un movimiento repentino de la cabeza o por un golpe fuerte a otra parte del cuerpo con fuerza que se trasmite a la cabeza. Las heridas varían entre ligeras o graves y pueden interrumpir la manera en la que el cerebro funciona. Aunque la mayoría de las concusiones cerebrales son ligeras, **todas las concusiones cerebrales tienen el potencial de ser graves y si no se reconocen y tratan correctamente podrían tener como resultado complicaciones incluyendo daño cerebral prolongado o la muerte.** Eso quiere decir que cualquier “golpecito” a la cabeza podría ser grave. Las concusiones cerebrales no son visibles y en su mayoría las concusiones cerebrales que ocurren durante los deportes no ocasionan la pérdida de conciencia. Las señales y síntomas de una concusión cerebral podrían aparecer inmediatamente después de una herida o después de horas o días. Si su hijo(a) reporta cualquier síntoma de una concusión cerebral, o si se da cuenta de los síntomas de una concusión cerebral, por favor consiga atención médica sin demora.

Los siguientes son algunos de los síntomas de una concusión:

- | | |
|---|---|
| <ul style="list-style-type: none">• Dolor de cabeza• “Presión en la cabeza”• Náusea o vómito• Dolor de cuello• Problemas de equilibrio o mareos• Visión borrosa o visión doble• Sensibilidad a la luz o ruido• Decaído• Adormecido• Mareado• Cambios en los hábitos de dormir | <ul style="list-style-type: none">• Amnesia• “No se siente bien”• Fatiga o energía baja• Tristeza• Nervios o ansiedad• Irritabilidad• Más sensible• Confundido• Problemas con concentración o memoria (por ejemplo: olvidar las jugadas)• Repetir la misma pregunta o comentario |
|---|---|

Los siguientes síntomas son observados por compañeros, padres y entrenadores:

- | |
|--|
| <ul style="list-style-type: none">• Parece desorientado• Tiene una expresión facial vacía• Está confundido acerca de la tarea o actividad• Se olvida de las jugadas• Está confundido sobre el juego, los puntos o el oponente• Se mueve torpemente o muestra una falta de coordinación• Contesta las preguntas lentamente• Arrastra las palabras• Muestra cambios de comportamiento o personalidad• No puede recordar los eventos que sucedieron antes de la colisión• No puede recordar los eventos que sucedieron después de la colisión• Ataques o convulsiones• Cualquier cambio en el comportamiento típico o personalidad• Pérdida de la conciencia |
|--|

¿Qué puede pasar si mi hijo(a) sigue jugando con una concusión cerebral o regresa a jugar antes de que este recuperado?

Los deportistas con señales o síntomas de una concusión cerebral deben dejar de jugar inmediatamente. Continuar jugando con las señales o síntomas de una concusión pone al deportista en riesgo de sufrir una herida más grave. La probabilidad de que se sufra daño significativo de una concusión aumenta cuando ha pasado un periodo de tiempo largo después de que sucedió la concusión, sobre todo si el deportista sufre otra concusión antes de recuperarse completamente de la primera. Eso puede traer como consecuencia una recuperación más prolongada o incluso una hinchazón cerebral (síndrome de segundo impacto) con consecuencias devastadoras o fatales. Es bien conocido que los deportistas adolescentes no reportan mucho los síntomas de sus heridas. Eso es el caso también con las concusiones cerebrales. Por lo mismo es importante que los administradores, entrenadores, padres y estudiantes estén bien informados, el cual es clave para la seguridad de los estudiantes deportistas.

Si cree que su hijo(a) ha sufrido una concusión

En cualquier situación donde se sospecha que un deportista tiene una concusión, es importante sacar a este estudiante del juego o entrenamiento inmediatamente. Ningún deportista puede volver a participar en la actividad después de sufrir una herida de cabeza o concusión cerebral sin el permiso de un doctor, no importa si la herida parece ser ligera o los síntomas desaparecen rápidamente. Se debe de observar cuidadosamente el mejoramiento del deportista por varias horas. Código Educativo de California sección 49475 y estatuto 313 de la Federación Interescolar de California (CIF por sus siglas en inglés) requiere la implementación de las siguientes normas para regresar a jugar un deporte después de sufrir una concusión, las cuales se han recomendado por muchos años.

También debe informar al entrenador(a) de su hijo(a) si piensa que ha sufrido una concusión cerebral. Recuerde que es mejor faltar un partido que faltar toda la temporada. Si existe alguna duda de que el deportista sufrió una concusión cerebral o no, se tomará precauciones y no podrá jugar.

Volver a Jugar

Síntomas de concusión cerebral deben ser desaparecido por completo antes de volver a la práctica completa o la competencia. Un volver a jugar la progresión implica un aumento gradual, paso a paso en el esfuerzo físico, las actividades de los deportes específicos y el riesgo para el contacto. Si se presentan síntomas con la actividad, la progresión se debe parar. Si no hay síntomas al día siguiente, el ejercicio puede iniciarse de nuevo en la etapa anterior.

Volver a jugar después de la concusión cerebral debe ocurrir sólo con autorización médica de un médico entrenado en la evaluación y la gestión de las concusiones cerebrales. Volver a jugar debe ser supervisado por un entrenador, entrenador atlético o administrador identificado por la escuela. Por favor, consulte [cifstate.org](http://www.cdc.gov/ConcussionInYouthSports/) para un retorno gradual a jugar el plan. Retorno a la práctica completa y la competencia debe ser no antes de 7 días después del diagnóstico concusión ha sido hecha por un médico.

Si desea información actual acerca de las concusiones cerebrales por favor visiten el sitio en Internet:
<http://www.cdc.gov/ConcussionInYouthSports/>

Nombre del estudiante deportista

Firma del estudiante deportista

Fecha

Nombre del padre, madre o tutor

Firma del padre, madre o tutor

Fecha

Concussion Notification for Parents/Guardians

Student Name _____

Activity _____

Date _____

Dear Parent:

Your child has symptoms consistent with a concussion. At the time of evaluation, there was no sign of any serious complications.

He/she will need monitoring for a further period by a responsible adult, and should not be left alone over the next 12-24 hours.

Call 9-1-1 and go to the nearest Hospital Emergency Department for the following:	
Headache that worsens	Cannot recognize people or places
Seizure (uncontrolled jerking of arms/legs)	Looks very drowsy/Cannot be awakened
Weakness or numbness of arms/legs	Increased confusion and/or irritability
Repeated vomiting	Unusual behavior
Loss of consciousness	Slurred speech
Lack of balance/unsteadiness on feet	Drainage of blood/fluid from ears or nose
Changes in vision (double, blurry vision)	Loss of bowel and/or bladder control

Recommendations

1. AVOID medications like ibuprofen (Motrin, Advil) or aspirin for the next 48 hours due to the potential of increased bleeding risk in the brain.
2. Acetaminophen (Tylenol) can be tried but often will not take away a concussion headache. DO NOT give narcotic pain medication like codeine.
3. Check for normal breathing every few hours while sleeping but DO NOT wake your child up unless you are concerned. If he/she can't be aroused, call 911 immediately.
4. Make an appointment to see a physician within 72 hours. Inform your child's teachers about the injury. Keep your child out of school if symptoms are severe or worsened by reading or studying.
5. No activities like afterschool sports and PE, and no physical exertion until your child is evaluated and cleared by a physician (MD/DO) trained in the diagnosis and management of concussions. Athletes who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
6. Refer to:
<http://www.cifstate.org/sports-medicine/concussions/index> or
<http://www.cdc.gov/TraumaticBrainInjury/> for more information regarding concussions.

Notifica a los Padres/Tutores Sobre la Conmoción Cerebral Aguda

Nombre de estudiante

Actividad

Fecha

Estimado Padre:

Su niño/niña tiene síntomas compatibles con una conmoción cerebral. En el momento de la evaluación, no había ninguna señal de complicaciones graves.

É/ella necesitará ser supervisado(a) por un adulto responsable durante un período adicional, y no deberá quedarse solo(a) durante las próximas 12 a 24 horas.

Llame al 911 y vaya al departamento de emergencias del hospital más cercano si observa lo siguiente:	
Dolor de cabeza que empeora	No puede reconocer a las personas o a los lugares
Convulsiones (sacudidas incontrolables de brazos/piernas)	Parece estar muy somnoliento(a)/No se puede despertar
Debilidad o adormecimiento de brazos y piernas	Incremento de la confusión y/o la irritabilidad
Vómitos repetidos	Comportamiento inusual
Pérdida del conocimiento	Balbucea
Falta de equilibrio o inestabilidad sobre los pies	Hay drenaje de sangre o líquido de los oídos o de la nariz
Cambios en la visión (visión doble o borrosa)	Pérdida del control intestinal y/o de la vejiga

Recomendaciones:

1. EVITE los medicamentos como ibuprofeno (Motrin, Advil) o aspirina durante las próximas 48 horas debido a la posibilidad de un aumento del riesgo de sangrado en el cerebro.
2. Puede darle acetaminofeno (Tylenol) pero a menudo el mismo no aliviará un dolor de cabeza causado por una conmoción cerebral. NO le dé medicamentos narcóticos como la codeína.
3. Verifique la presencia de respiración normal en intervalos de pocas horas mientras duerme pero NO despierte a su niño/niña a menos que esté preocupada. Si él/ella no puede ser despertado/a, llame al 911 inmediatamente.
4. Haga una cita para ver a un médico dentro de las 72 horas. Informe a los maestros de su niño/niña sobre la lesión. Mantenga a su niño/niña fuera de la escuela si los síntomas son severos o si empeoran por leer o estudiar.
5. No permita actividades como deportes extraescolares y educación física (PE, por sus siglas en inglés) y no permita esfuerzos físicos hasta que su niño/niña sea evaluado(a) y autorizado(a) por un doctor en medicina o médico osteópata (MD/DO, por sus siglas en inglés) capacitado en el diagnóstico y manejo de las conmociones cerebrales. Atletes que vuelven a jugar demasiado pronto – mientras que el cerebro todavía se está recuperando – el riesgo de una mayor probabilidad de tener una conmoción cerebral de repetición. Las conmociones cerebrales repetidas o posteriores pueden ser muy graves. Pueden causar daños permanentes en el cerebro, lo que afecta a su hijo para toda la vida.
6. Consulte a:
<http://www.cifstate.org/sports-medicine/concussions/index> o
<http://www.cdc.gov/TraumaticBrainInjury/> para mayor información sobre la conmoción cerebral aguda.

Return to School After Concussion or Head Injury

Student Name _____

Date of Birth _____

Date of Exam _____

To whom it may Concern:

Injury Status (check all that apply)

- ☐ This student was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.
- ☐ This student has been diagnosed by a health care professional who has been trained in the management of concussions, with a concussion and is under our care.
- ☐ Medical follow-up is scheduled for: _____ (date).

Academic Activity Status (check all that apply)

- ☐ This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.
- ☐ This student is not to return to school.
- ☐ This student may begin a return to school based on successful progression through a Return to Learn protocol.

Comments: _____

Physical Activity Status (check all that apply)

- ☐ This student is cleared for full, unrestricted athletic participation.
- ☐ This student is not to participate in physical activity of any kind.
- ☐ This student is not to participate in recess, physical education class, or athletics, or other physical activities except for untimed, voluntary walking.
- ☐ This student may begin a monitored, graduated return to play progression, until _____ (date).
- ☐ Other: _____

Additional special instructions _____

Signature of Physician _____

Date _____

Name of Physician (please print) _____

License Number _____

Office telephone _____

Stamp physician name/address below

Parent or Legal Guardian Acknowledgement

I hereby give consent for a school nurse (or designee) to communicate with my child's Health Care Provider and to counsel school personnel as needed with regard to my child's health. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to concussion signs and symptoms. I agree to comply with district rules related to concussion return to play and return to learn.

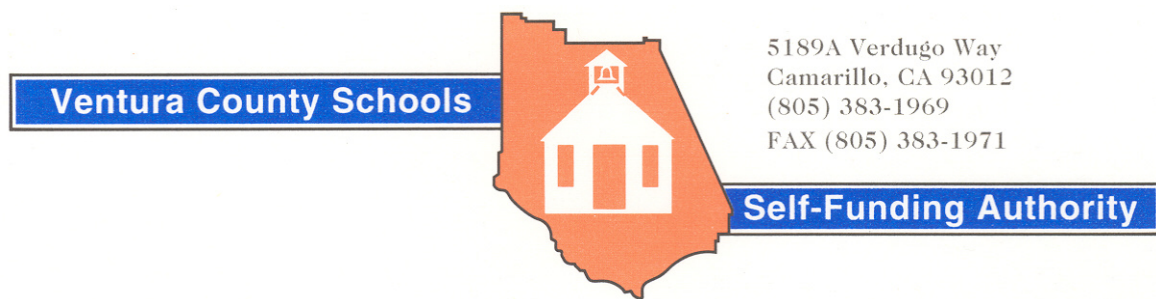
Signature of Parent or Legal Guardian _____

Date _____

Home/Mobile Telephone _____

Work Telephone _____

Name of Parent or Legal Guardian (please print) _____



Best Practices for Sudden Cardiac Arrest Management

Table of Contents

Scope.....	1
Definitions.....	1
Sudden Cardiac Arrest Information	2
Potential Indicators and Risk Factors	2
Education and Training.....	3
Forms	4
General Prevention.....	5
Removal from Activity	5
Return to Activity	5

1. Scope

- a. Sudden cardiac arrest management applies to all school-sponsored athletic activities.
 - 1) Interscholastic high school teams
 - 2) High school summer league teams
 - 3) Interscholastic middle school teams
 - 4) All intramural teams
 - 5) Sport club teams
- b. Exception: athletic activity during the regular school day or as part of a physical education course.

2. Definitions

- a. "Athletic activity" includes all of the following:
 - 1) Interscholastic athletics;

- 2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by a school, including cheerleading and club-sponsored sports activities;
 - 3) Noncompetitive cheerleading that is sponsored by a school;
 - 4) Practices, interscholastic practices, and scrimmages for all of the activities listed under paragraphs 1) to 3), inclusive.
 - b. “Authorized person” means an employee, volunteer, or contractor authorized to provide health or medical services to student athletes.
3. Sudden Cardiac Arrest Information
 - a. Thousands of sudden cardiac arrests occur among youth, as
 - 1) It is the #2 leading cause of death under 25.
 - 2) It is the #1 killer of student athletes during exercise.
 - b. Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly.
 - 1) When heart stops beating, blood stops flowing to the brain and other vital organs.
 - c. SCA is NOT a heart attack
 - 1) A heart attack is caused by a blockage that stops the flow of blood to the heart.
 - d. SCA is a malfunction in the heart’s electrical system, causing the victim to collapse.
 - 1) The malfunction is caused by a congenital or genetic defect in the heart’s structure.
4. Potential Indicators and Risk Factors
 - a. Potential Indicators
 - 1) Fainting or seizure, especially during or right after exercise;
 - 2) Fainting repeatedly or with excitement or startle;
 - 3) Excessive shortness of breath during exercise;
 - 4) Racing or fluttering heart palpitations or irregular heartbeat;
 - 5) Repeated dizziness or lightheadedness;
 - 6) Chest pain or discomfort with exercise;
 - 7) Excessive, unexpected fatigue during or after exercise.
 - b. Risk factors
 - 1) Family history of known heart abnormalities or sudden death before age 50;
 - 2) Specific family history of the following:

- a) Long QT syndrome,
 - b) Brugada Syndrome,
 - c) Hypertrophic Cardiomyopathy,
 - d) Arrhythmogenic Right Ventricular Dysplasia (ARVD).
- 3) Family members with unexplained fainting or seizures;
 - 4) Known structural heart abnormality, repaired or unrepaired;
 - 5) Use of drugs, such as:
 - a) Cocaine,
 - b) Inhalants,
 - c) “Recreational” drugs,
 - d) Excessive energy drinks,
 - e) Performance-enhancing supplements.

5. Education and Training

a. Coaches

- 1) A coach of an athletic activity shall complete a sudden cardiac arrest training course and shall retake the training course every two years thereafter
 - a) Required training content:
 - Nature and warning signs of sudden cardiac arrest,
 - Risks associated with continuing to play or practice after experiencing the following:
 - ☐ Fainting or seizures,
 - ☐ Unexplained shortness of breath,
 - ☐ Chest pains,
 - ☐ Dizziness,
 - ☐ Racing heart rate,
 - ☐ Extreme fatigue.
- 2) A coach of an athletic activity is not eligible to coach an athletic activity until the coach completes the required training course, as scheduled.
- 3) Free on-line course:

a) <http://www.cifstate.org/sports-medicine/sca/index>

b. Parents and student athletes

- 1) A Sudden Cardiac Arrest information sheet is to be signed and returned by the athlete and the athlete's parent or guardian before the athlete's initiating practice or competition.
- 2) The information sheets or similar forms are to be sent home, signed, and collected annually
- 3) Forms can be found on these websites:
<http://www.vcssfa.org/Forms.aspx>
<http://www.cifstate.org/sports-medicine/sca/index>

6. Forms

a. Required Forms

- 1) A Sudden Cardiac Arrest Information Sheet (SFA 5310, SFA 5310S)
- 2) A Concussion Information Sheet (SFA 5210, SFA 5210S)
- 3) Voluntary Sports/Athletic Event or Activity Informed Consent and Liability Release, Acknowledgement and Assumption of Potential Risk
- 4) Field Trip Authorization and Medical Treatment Authorization (SFA 2010, SFA 2010S)
- 5) Report of Personal Accident
 - a) Required to be completed each time a sudden cardiac arrest is suspected
 - b) To be forwarded to the District Risk Management Department or Business Office
- 6) Written clearance of return to participation
 - a) A student athlete who is removed from play due to potential indicators listed in Section 4, of this Best Practices, is not permitted to return to participate in an athletic activity until the student athlete is evaluated and cleared to return to participate in writing by a physician and surgeon, or a nurse practitioner or physician assistant.
 - b) See Readmission to School of Student with Temporary Disability or Injury (SFA 5110, SFA 5110S)

b. Recommended Forms

- 1) Sudden Cardiac Arrest Checklists
 - a) Preseason (before the athlete's initiating practice or competition),

b) Injury Management

7. General Prevention

a. Annual Pre-Participation Physical Examination

1) Sports governed by the California Interscholastic Federation (CIF):

- a) Schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics.
- b) The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition.

2) Sports not governed by CIF:

- a) Student athletes are recommended to have an annual pre-participation exam performed by a physician and surgeon, or a nurse practitioner, or physician assistant.

b. Encourage healthy eating

8. Removal from Activity

- a. A student athlete who passes out or faints while participating in or immediately following an athletic activity, or who is known to have passed out or fainted while participating in or immediately following an athletic activity, shall be removed from participation at that time by the athletic director, coach, athletic trainer, or authorized person.
- b. A student athlete who exhibits any of the other potential indicators of sudden cardiac arrest, as listed in Section 4, of this Best Practices, during an athletic activity, may be removed from participation by an athletic trainer or authorized person if the athletic trainer or authorized person reasonably believes that the symptoms are cardiac related.
 - 1) In the absence of an athletic trainer or authorized person, any coach who observes any of the symptoms of sudden cardiac arrest shall notify the parent or guardian of the student athlete so that the parent or guardian can determine what treatment, if any, the student athlete should seek

9. Return to Activity

- a. A student athlete who is removed from play due to potential indicators listed in Section 4, of this Best Practices, is not permitted to return to participate in an athletic activity until the student athlete is evaluated and cleared to return to participate in writing by a physician and surgeon, or a nurse practitioner or physician assistant.



Sudden Cardiac Arrest Checklist

Preseason (before the athlete's initiating practice or competition)

- ☐ Coaches are trained in the basic understanding of the signs and symptoms of sudden cardiac arrest and the appropriate response to sudden cardiac arrest.
- ☐ Sudden Cardiac Arrest Information Sheet sent home to be signed by the athlete and the athlete's parent or guardian. (SFA 5310, SFA 5310S)
- ☐ Signed Sudden Cardiac Arrest Information Sheet returned by the athlete
- ☐ Voluntary Sports/Athletic Event or Activity Informed Consent and Liability Release Acknowledgment and Assumption of Potential Risk form sent home to be signed by the athlete and the athlete's parent or guardian
- ☐ Signed Voluntary Sports/Athletic Event or Activity Informed Consent and Liability Release Acknowledgment and Assumption of Potential Risk form returned by the athlete
- ☐ Field Trip Authorization and Medical Treatment Authorization, with dates of all off-site activities, sent home to be signed by the athlete's parent or guardian. (SFA 2010, SFA 2010S).
- ☐ Signed Field Trip Authorization and Medical Treatment Authorization returned by the athlete.



Sudden Cardiac Arrest Checklist

Injury Management

- ☐ An athlete who passes out or faints while participating in, or immediately following, an athletic activity is to be removed from practice or a game/competition.
- ☐ An athlete who is known to have passed out or fainted while participating in, or immediately following, an athletic activity is to be removed from practice or a game/competition.
- ☐ Parents or guardians are to be notified that the athlete passed out or fainted.
- ☐ A Report of Personal Accident is to be completed and sent to the District office. (SFA 4010)
- ☐ The athlete is not to return to practice or game/competition until he or she is evaluated by a licensed health care provider*.
- ☐ The athlete is not permitted to return to the practice or game/competition until he or she receives written clearance to return to the practice or game/competition from that licensed healthcare provider*. See Return to School of Student with Temporary Disability due to Injury, Illness or Surgery (SFA 5110, SFA 5110S).
- ☐ Allow the athlete to return to play only with written permission from a licensed health care provider *.

*The California Interscholastic Federation (CIF) requires the licensed health care provider to be a Medical Doctor (MD) or Doctor of Osteopathy (DO).

READMISSION TO SCHOOL OF STUDENT WITH TEMPORARY PRECAUTIONS/RECOMMENDATIONS/RESTRICTIONS

PHYSICIAN OR LICENSED HEALTH CARE PROVIDER

1. Student Information

Name of Student _____	Birth Date _____	Student Identification Number _____
Name of School _____	Grade _____	Teacher/Room Number _____

2. Physician or Licensed Health Care Provider Section

The student named above is under my care. It is necessary for him or her to return to school with temporary Precautions/Recommendations/Restrictions due to an injury or illness.

- | | | | |
|--|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Bone fracture | <input type="checkbox"/> Joint sprain | <input type="checkbox"/> Muscle strain | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Seizure | <input type="checkbox"/> Heat illness | <input type="checkbox"/> Concussion | <input type="checkbox"/> Other _____ |

Precautions/Recommendations/Restrictions due to the injury or illness _____

Duration: _____

a. Permission to be in school:

- ☐ This student has my permission to be in school with:
- | | | | | | |
|----------------------------------|---------------------------------------|-------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> cast(s) | <input type="checkbox"/> crutches | <input type="checkbox"/> sling | <input type="checkbox"/> splint/brace | <input type="checkbox"/> elastic sports bandage(s) | <input type="checkbox"/> knee scooter |
| <input type="checkbox"/> walker | <input type="checkbox"/> walking boot | <input type="checkbox"/> wheelchair | <input type="checkbox"/> Other (please describe) _____ | | |

b. Permission to be in recess, physical education class, and/or extracurricular athletics with:

- | | | | | | |
|----------------------------------|---------------------------------------|-------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> cast(s) | <input type="checkbox"/> crutches | <input type="checkbox"/> sling | <input type="checkbox"/> splint/brace | <input type="checkbox"/> elastic sports bandage(s) | <input type="checkbox"/> knee scooter |
| <input type="checkbox"/> walker | <input type="checkbox"/> walking boot | <input type="checkbox"/> wheelchair | <input type="checkbox"/> Other (please describe) _____ | | |
- ☐ This student may participate in recess activities, subject to the above precaution(s).
- ☐ This student **may not** participate in recess activities.
- ☐ This student may participate in physical activities during physical education class, subject to the above precaution(s).
- ☐ This student **may not** participate in physical activities during physical education class.
- ☐ This student may participate in physical activities of extracurricular athletics, subject to the above precaution(s).
- ☐ This student **may not** participate in physical activities of extracurricular athletics.

Stamp physician name/address below:

Additional special instructions _____

Signature of Physician _____	Date _____
Name of Physician (please print) _____	License Number _____
Office telephone _____	

PARENT OR LEGAL GUARDIAN

3. Parent or Legal Guardian Section

Please refer to Recommendations for and Legal References governing the readmission to school with temporary Precautions/Recommendations/Restrictions due to injury or illness on the reverse side of this form.

I hereby give consent for a school nurse (or designee) to communicate with my child's Health Care Provider and to counsel school personnel as needed with regard to my child's health. I agree to, and do hereby hold the Local Educational Agency and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this readmission to school with temporary Precautions/Recommendations/Restrictions due to injury, illness or surgery. I agree to comply with Local Educational Agency rules related to readmission to school with temporary precautions/recommendations/restrictions due to injury, illness or surgery.

I will immediately notify the school if there are any changes in the temporary Precautions/Recommendations/Restrictions due to injury or illness of my child.

Signature of Parent or Legal Guardian _____	Date _____	Home/Mobile Telephone _____	Work Telephone _____
Name of Parent or Legal Guardian (please print) _____			

Legal References: California Education Code section 49475

Original – Local Educational Agency
SFA 5110 Rev 6/15/2021

Copy – Parent or Legal Guardian

Copy – Physician or Licensed Health Care Provider

**RECOMMENDATIONS AND REQUIREMENTS FOR
READMISSION TO SCHOOL WITH A TEMPORARY PRECAUTIONS/RECOMMENDATIONS/RESTRICTIONS**

1. Return from General Injury or Illness

- a. "General Injury or Illness" include all injuries or illness in general except a concussion or suspected concussion or sudden cardiac arrest or suspected sudden cardiac arrest, or symptoms of heat illness suffered during athletic activity. (see below, Section 2, Special Precautions for Concussion, Sudden Cardiac Arrest, and Heat Illness Management for Athletes)
- b. Licensed Healthcare Provider (moved up from below)
 - 1) Medical doctor (MD) or Doctor of Osteopathy (DO)
 - 2) Nurse Practitioner
 - 3) Physician Assistant
 - 4) For athletes participating in California Interscholastic Federation (CIF) sports, the CIF limits the evaluation of concussion or sudden cardiac arrest to a medical doctor (MD) or doctor of osteopathy (DO). (CIF Bylaw 503)
- c. Students injured outside of school
 - 1) Students who come to school with a cast, crutches, sling, splint/brace, elastic sports bandage(s), knee scooter, walker, walking boot, and/or wheelchair without documentation from a healthcare provider should be held in the school health office until clarification can be obtained from the healthcare provider, after obtaining parent/guardian permission.
 - 2) Students who come to school in a elastic sports wrap without documentation from a healthcare provider may be held from recess, physical education class, and/or extracurricular athletics at the discretion of a credentialed school nurse or school administrator and/or until clarification can be obtained from the parent, guardian, and/or healthcare provider.
- d. A student who suffers a significant injury or illness or is suspected to have suffered a significant injury or illness during a school activity (including, but not limited to, recess, physical education, athletics, dance, marching band) should be immediately removed from the activity for the remainder of the day, and should not be permitted to return to the activity until he or she is evaluated by a licensed health care provider.
 - 1) Broken bone(s);
 - 2) Severe joint sprain, requiring a splint or cast;
 - 3) Muscle strain;
 - 4) Seizure;
 - 5) Heat exhaustion and/or heat stroke;
 - 6) Head Injury/Concussion (see below for Concussion Management for Athletes);
 - 7) Passing out or fainting (see below for Sudden Cardiac Arrest for Athletes).
- e. The student should not be permitted to return to school and/or the activity until written clearance and release is received from a licensed health care provider with precautions, recommendations, and/or restrictions.
 - 1) Note from the Licensed Healthcare Provider, or
 - 2) Readmission to School of Student with Temporary Precautions/Recommendations/Restrictions form (SFA 5110)

2. Special Precautions for Concussion, Sudden Cardiac Arrest, and Heat Illness Management for Athletes

- a. Scope
 - 1) Concussion, head injury or suspected concussion sustained during athletic activity.
 - 2) Sudden cardiac arrest, passing out, or fainting during or immediately following an athletic activity.
 - 3) Heat Illness (required for CIF athletics only; recommended for others) during or immediately following an athletic activity.
- b. An athlete who is suspected of sustaining an injury or illness listed above in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from that licensed health care provider.
 - 1) Written clearance for CIF athletes is limited to a medical doctor (MD) or doctor of osteopath (DO).
- c. References: California *Education Code*, section 49475, section 33479.5, CIF Bylaw 503.K.
- d. Refer to VCSSFA Best Practices for more information regarding concussion and cardiac arrest.
 - 1) <http://www.vcssfa.org/Risk-Management>

READMISIÓN ESCOLAR DEL ESTUDIANTE **CON PRECAUCIONES/RECOMENDACIONES/RESTRICCIONES TEMPORALES**

MÉDICO O PROVEEDOR ACREDITADO DE SERVICIOS DE SALUD

1. Información del estudiante

Nombre del estudiante	Fecha de nacimiento	Número de identificación
Nombre de la escuela	Grado	Maestro/Salón

2. Información del médico o del proveedor acreditado de servicios de salud

El estudiante aquí mencionado está bajo mi cuidado. Es necesario que él/ella regrese a la escuela con precauciones/recomendaciones/restricciones temporales debido a una lesión o enfermedad.

<input type="checkbox"/> Fractura de hueso(s)	<input type="checkbox"/> Torcedura de articulación	<input type="checkbox"/> Torcedura muscular	<input type="checkbox"/> Cirugía
<input type="checkbox"/> Ataque epiléptico	<input type="checkbox"/> Insolación	<input type="checkbox"/> Contusión cerebral	<input type="checkbox"/> Otro _____

Precauciones/recomendaciones/restricciones debido a una lesión o enfermedad _____

Duración: _____

a. Autorización para asistir a la escuela:

☐ El estudiante tiene mi autorización para asistir a la escuela como se indica a continuación:

<input type="checkbox"/> Enyesado	<input type="checkbox"/> Muletas	<input type="checkbox"/> Honda de brazo	<input type="checkbox"/> Férula/faja	<input type="checkbox"/> Vendaje deportivo elástico	<input type="checkbox"/> Scooter para rodilla
<input type="checkbox"/> Andadera médica	<input type="checkbox"/> Bota médica	<input type="checkbox"/> Silla de ruedas	<input type="checkbox"/> Otro (describa por favor) _____		

b. Autorización para participar en el receso, Educación Física y/o atletismo extracurricular con:

<input type="checkbox"/> Enyesado	<input type="checkbox"/> Muletas	<input type="checkbox"/> Honda de brazo	<input type="checkbox"/> Férula/faja	<input type="checkbox"/> Vendaje deportivo elástico	<input type="checkbox"/> Scooter para rodilla
<input type="checkbox"/> Andadera médica	<input type="checkbox"/> Bota médica	<input type="checkbox"/> Silla de ruedas	<input type="checkbox"/> Otro (describa por favor) _____		

☐ El estudiante puede participar en actividades de recreo, bajo las precauciones descritas.

☐ El estudiante **no puede** participar en actividades de recreo.

☐ El estudiante puede participar en actividades físicas de la clase de Educación Física, bajo las precauciones descritas.

☐ El estudiante **no puede** participar en actividades físicas en la clase de Educación Física.

☐ El estudiante puede participar en actividades físicas de atletismo extracurricular, bajo las precauciones descritas.

☐ El estudiante **no puede** participar en actividades físicas de atletismo extracurricular.

Instrucciones especiales adicionales _____

Sello con el nombre y dirección del médico:

Firma del médico

Fecha

Nombre del médico (letra de molde)

Número de licencia

Teléfono de su oficina

3. Información de padre/madre/tutor legal

Por favor consulte las Recomendaciones y Referencias legales al reverso de este formulario las cuales rigen el reingreso a la escuela con precauciones/recomendaciones/restricciones temporales debido a una lesión o enfermedad.

Por medio de la presente doy mi consentimiento para que una enfermera escolar (o persona designada) se comunique con el proveedor de atención médica de mi hijo y asesore al personal escolar según sea necesario con respecto a la salud de mi hijo. Acepto, y por la presente absuelvo a la Agencia Educativa Local y a sus empleados de toda responsabilidad por cualquier reclamo, demanda, causa de acción, responsabilidad o pérdida de cualquier tipo, debido a, o que surja de, actos u omisiones con respecto a esta readmisión escolar con precauciones/recomendaciones/restricciones temporales debido a una lesión, enfermedad o cirugía. Estoy de acuerdo en cumplir con las reglas del distrito relacionadas con la readmisión escolar con precauciones/recomendaciones/restricciones temporales debido a una lesión, enfermedad o cirugía. Yo accedo a cumplir con el reglamento de la Agencia Educativa Local referente a la readmisión escolar con precauciones/recomendaciones/restricciones temporales debido a una lesión, enfermedad o cirugía Agencia Educativa Local

Notificaré inmediatamente a la escuela si existe algún cambio en las precauciones/recomendaciones/restricciones temporales debido a la lesión o enfermedad de mi hijo.

Firma de padre/madre/tutor legal	Fecha	Teléfono de hogar/móvil	Teléfono del trabajo
----------------------------------	-------	-------------------------	----------------------

Nombre de padre/madre/tutor legal (letra de molde)

4.

Legal References: California Education Code section 49475

Original – Agencia Educativa Local

Copy – Parent or Legal Guardian

Copy – Physician or Licensed Health Care Provider

SFA 5110 Redactado 6/15/2021 _____

PADRE/MADRE O TUTOR LEGAL

RECOMENDACIONES Y REQUISITOS PARA LA READMISIÓN ESCOLAR CON PRECAUCIONES/RECOMENDACIONES/RESTRICCIONES TEMPORALES

1. Reingreso escolar después de haber sufrido lesión general o enfermedad

- a. “Una lesión general o enfermedad incluye todas las lesiones o enfermedades en general, excepto una contusión cerebral o la sospecha de una contusión o un paro cardíaco súbito o la sospecha de un paro cardíaco súbito debido a la insolación sufrida durante una actividad atlética. (revisar la sección 2 a continuación, “Precauciones especiales para el manejo de las contusiones cerebrales, paros cardíacos súbitos e insolaciones sufridas por los atletas).
- b. Proveedor certificado de cuidados médicos (recorrido hacia arriba)
 - 1) Doctor Médico (MD) o Doctor de Osteopatía (DO)
 - 2) Enfermera practicante
 - 3) Asistente Médico
 - 4) Para los atletas que participan en los deportes de la Federación Inter-escolar de California (CIF), la CIF limita la evaluación de contusión cerebral o paro cardíaco súbito a un Doctor Médico (MD) o un Doctor de Osteopatía (DO). (Reglamento CIF 503)
- c. Estudiantes lesionados fuera de la escuela.
 - 1) Los estudiantes que lleguen a la escuela con enyesado, muletas, honda de brazo, férula/faja, vendaje deportivo elástico, scooter para rodilla, andadera médica, bota médica, silla de ruedas y no presenten documentación de un proveedor de cuidados médicos deben permanecer en la oficina de salud escolar hasta que se obtenga aclaración de su proveedor de cuidados médicos, después de haber obtenido la autorización de los padres/tutores legales.
 - 2) Los estudiantes que lleguen a la escuela con vendaje elástico deportivo y no presenten documentación de un proveedor de cuidados médicos, podrían no ser admitidos a participar en los recesos, las clases de Educación Física y/o el atletismo extracurricular a discreción de la enfermera certificada o el administrador escolar, o hasta que se obtenga aclaración de los padres/tutores legales y/o el proveedor de cuidados médicos.
- d. Un estudiante que sufra lesiones significativas o enfermedad, o se sospecha que haya sufrido una lesión significativa o enfermedad durante una actividad escolar (incluyendo entre otros a los recreos, la educación física, el atletismo, danza, banda marchante), debe ser excluido(a) inmediatamente de cualquier actividad por el resto del día, y no se le permitirá regresar a las actividades hasta que haya sido evaluado(a) por un proveedor acreditado de cuidados médicos.
 - 1) Fractura de hueso(s)
 - 2) Torcedura severa de las articulaciones
 - 3) Torcedura muscular
 - 4) Ataque epiléptico
 - 5) Agotamiento por el calor y/o infarto por el calor
 - 6) Lesiones a la cabeza/contusión (revisar el Manejo de contusiones cerebrales en atletas a continuación)
 - 7) Desmayos o quedar inconsciente (revisar Paro cardíaco súbito a continuación)
- e. No se permitirá que el estudiante regrese a la escuela y/o a las actividades hasta que se reciba una autorización por escrito de un proveedor acreditado de salud el cual contenga precauciones, recomendaciones y/o restricciones.
 - 1) Una nota escrita por el proveedor acreditado de cuidados médicos, o
 - 2) El Formulario de Readmisión Escolar del estudiante con precauciones/Recomendaciones/Restricciones temporales. (SFA 5110).

2. Precauciones especiales para el manejo de las contusiones cerebrales, paros cardíacos súbitos e insolaciones sufridas por los atletas.

- a. Definición
 - 1) Contusión, lesiones a la cabeza o sospecha de contusión a la cabeza sufrida durante una actividad de atletismo.
 - 2) Paro cardíaco súbito, desmayo, o desfallecimiento durante o inmediatamente después de una actividad de atletismo.
 - 3) Insolación (requerido solamente por el atletismo CIF; pero recomendado para otros eventos de atletismo) durante o inmediatamente después de una actividad de atletismo.
- b. Cuando se sospecha que un atleta ha sufrido una de las lesiones o enfermedades mencionadas anteriormente durante una actividad atlética deberá ser excluido inmediatamente de la actividad por el resto del día, y no se le permitirá regresar a dicha actividad hasta que sea evaluado por un proveedor acreditado de atención médica, el cual actúe dentro del área de su práctica médica. No se permitirá que el atleta regrese a la actividad hasta que reciba autorización por escrito para regresar a dicha actividad de parte de ese proveedor de atención médica acreditado.
 - 1) La autorización por escrito para los atletas CIF se limita solo a Doctores Médicos (MD) o Doctores de Osteopatía (DO).
- c. Referencias: *Código de Educación de California*, sección 49475, sección 33479.5, Reglamento CIF 503.K.
- d. Para más información referente a las contusiones cerebrales y el paro cardíaco, consultar Las Mejores Prácticas de VCSSFA.
 - 1) <http://www.vcssfa.org/Risk-Management>



OXNARD SCHOOL DISTRICT Sudden Cardiac Arrest Information Sheet

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.

Recognize the Warning Signs and Risk Factors of Sudden Cardiac Arrest.

Tell your coach and consult your health care provider 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:

- ☐ Known structural heart abnormality, repaired or unrepaired;
- ☐ Family members with unexplained fainting, seizures, drowning or near drowning, or car accidents;
- ☐ 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);
- ☐ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements.

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 are 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.

Return to Play (RTP)

The California Interscholastic Federation (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. 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 (medical doctor or doctor of osteopathy). Parents, guardians and caregivers are urged to dialogue with student athletes about their heart health.

Acknowledgment

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 Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Legal References:

California Interscholastic Federation Bylaw 503



DISTRITO ESCOLAR DE OXNARD

Una ficha informativa acerca del 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.

Reconozca los factores de riesgo y los signos de advertencia del Paro Cardíaco Repentino.

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:

- ☐ La presencia de una anomalía estructural del corazón, reparada o no reparada;
- ☐ Familiares que han sufrido sin explicación, colapsos, convulsiones, un accidente automovilístico, que se han ahogado o han estado a punto de ahogarse;
- ☐ 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);
- ☐ El consumo de enervantes tales como cocaína, inhalantes, drogas “recreativas,” bebidas de energía en exceso, y sustancias o suplementos para mejorar el rendimiento.

¿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.

¿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.

Volver a Jugar

Federación Interescolar de California (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. 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 (medical doctor or doctor of osteopathy). Se les insta a los padres, tutores y cuidadores a que hablen con sus atletas adolescentes acerca de la salud del corazón. Igualmente.

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

Nombre Del Atleta Adolescente

Firma Del Atleta Adolescente

Fecha

Nombre Del Padre/ Tutor

Firma Del Padre/ Tutor

Fecha

Referencia legal:

Federación Interescolar de California Por Ley 503



OXNARD SCHOOL DISTRICT

Parent/Student CIF Heat Illness Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. The law requires a student athlete who has been removed from practice or play after displaying signs and symptoms associated with heat illness must receive a written note from a licensed health care provider before returning to practice.
2. Before an athlete can start the season and begin practice in a sport, a Heat Illness 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), heat illness (AB 2800) as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is Heat Illness and how would I recognize it?

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high.

Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Young athletes should be pre-screened at their pre-participation physical exam form education/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Athletes with any of these factors should be supervised closely during strenuous activities in a hot climate. Fatal heat stroke occurs most frequently among obese high school middle lineman.

Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, such as Gatorade, etc., but just plain water is all that is really required because the athlete will replace the lost minerals with his/her normal diet.

PREVENTION: There are several steps which can be taken to prevent heat illness from occurring:

ADEQUATE HYDRATION: The athlete should arrive at practice well-hydrated to reduce the risk of dehydration. The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.

Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.

Athletes should be instructed to continue fluid replacement in between practice sessions.

GRADUAL ACCLIMATIZATION: Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

HEAT EXHAUSTION: Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97- and 104-degrees Fahrenheit.

• Dizziness, lightheadedness, weakness	• Profuse sweating
• Headache	• Cool, clammy skin
• Nausea	• Hyperventilation
• Diarrhea, urge to defecate	• Decreased urine output
• Pallor, chills	

TREATMENT: Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital emergency if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE: Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.

WARNING SYMPTOMS:

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Treatment: Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

Signs observed by teammates, parents and coaches include:	
• Dizziness	• Weakness
• Drowsiness, loss of consciousness	• Hot and wet or dry skin
• Seizures	• Rapid heartbeat, low blood pressure
• Staggering, disorientation	• Hyperventilation
• Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)	• Vomiting, diarrhea

Final Thoughts for Parents and Guardians:

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather in many parts of the California. Many of the heat problems have been associated with football, due to added equipment which acts as a barrier to heat dissipation. Several heatstroke deaths continue to occur each season in the United States. There is no excuse for heatstroke deaths if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about possible heat illness signs and symptoms that you may be seeing in your child.

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

Student-Athlete Name - *Printed*

Student-Athlete - *Signature*

Date

Parent Or Legal Guardian Name - *Printed*

Parent or Legal Guardian - *Signature*

Date



OXNARD SCHOOL DISTRICT

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.

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.

Side effects may include one or more of the following:
<ul style="list-style-type: none">• 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

Risks are greater with the following:
<ul style="list-style-type: none">• 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

Unless specifically advised by your health care provider, medications to avoid include:
<ul style="list-style-type: none">• Benzodiazepines (such as Xanax or Valium)• Muscle relaxants (such as Soma or Flexeril)• Hypnotics (such as Ambien or Lunesta)• Other prescription opioids• In addition, avoid alcohol while taking prescription opioids.

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that do not 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.

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.
 - 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.

LEARN MORE:

www.cdc.gov/drugoverdose/prescribing/guideline.html

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Legal References:

California Education Code section 49476



Hoja de información CIF para padres/estudiantes referente a la insolación

¿Por qué me han enviado esta información?

Usted ha recibido esta hoja informativa referente a la insolación debido a lo indicado por la Ley AB 2800 de California (efectiva el 1° de enero del 2019), el cual ahora es parte del Código de Educación § 35179 y de los reglamentos CIF 22.B.(9) y 503.K (aprobados por el Concilio Federal el 31 de enero del 2019):

1. La ley requiere que cualquier atleta estudiante que haya sido excluido de las prácticas o de algún partido debido a que ha mostrado señales y síntomas relacionados con la insolación (infarto de calor), debe recibir una nota escrita de un proveedor acreditado de cuidados médicos antes de regresar a las prácticas de atletismo.
2. Antes que un atleta pueda comenzar la temporada y comience las prácticas deportivas, los padres o tutores legales deben firmar y entregar a la escuela una Hoja de información sobre la insolación.

Cada dos años todos los entrenadores tienen el requisito de recibir entrenamiento sobre las contusiones cerebrales (AB 1451), la insolación (AB 2800) al igual que una certificación de entrenamiento sobre primeros auxilios, resucitación cardiopulmonar (CPR, en inglés) y los instrumentos eléctricos (AEDs, en inglés) que se pueden utilizar para salvar la vida durante una resucitación cardiopulmonar (CPR).

¿Qué es la insolación y como puedo identificar los síntomas?

El ejercicio produce calor dentro del cuerpo y puede incrementar la temperatura del cuerpo del atleta. Si a esto se agregan un día caluroso o húmedo, más las barreras que impiden la disipación del calor como el equipo de amortiguación en el uniforme deportivo, la temperatura corporal del individuo puede aumentar peligrosamente.

La insolación ocurre cuando el calor producido por el metabolismo corporal se combina con el calor que proviene del medioambiente, lo que ocasiona calor excesivo y grandes pérdidas de sudor. Previo a su participación, los atletas jóvenes deben ser evaluados durante su examen médico para diagnosticar enfermedades cardíacas, historial de células falciformes (sickle cell trait, en inglés) y traumas previos debido al calor. Los atletas que presenten cualquiera de estos casos deben ser supervisados cuidadosamente durante las actividades estrenuas realizadas en climas calientes. El infarto fatal debido al calor ocurre más frecuentemente entre los atletas obesos de preparatoria que juegan la posición de defensas medios.

La mayoría del calor corporal es eliminado por medio del sudor. El líquido debe ser reemplazado después que ha salido del cuerpo. Junto con la pérdida de agua, el cuerpo pierde muchos otros minerales por medio del sudor. La mayoría de las bebidas comerciales disponibles, tales como Gatorade, etc., contienen estos minerales; sin embargo, lo que realmente se necesita es solamente agua debido a que el atleta recuperará los minerales perdidos por medio de su dieta regular.

PREVENCIÓN: Existen varios pasos que deben seguirse para prevenir un infarto debido al calor:

LA HIDRATACIÓN APROPIADA: El atleta debe llegar a sus prácticas deportivas bien hidratado para reducir el riesgo de deshidratación. El color de la orina puede mostrar fácilmente el nivel de hidratación del atleta. Si la orina es oscura parecido al jugo de manzana, eso significa el atleta está deshidratado. Si la orina es clara como el color de la limonada, eso significa que el atleta está propiamente hidratado.

En las prácticas debe haber agua y bebidas deportivas fácilmente disponibles para los atletas y de preferencia deben servirse frías y en envases que permitan la ingestión de líquidos en volúmenes apropiados.

También debe haber recesos para beber agua por lo menos cada 30 o 45 minutos y los recesos deben ser suficientemente largos para ingerir volúmenes apropiados de líquidos.

A los atletas se les debe instruir que deben continuar reemplazando los líquidos antes y después de las sesiones de práctica.

LA ACLIMATACIÓN GRADUAL: La intensidad y la duración del ejercicio debe incrementarse gradualmente durante un periodo de 7 a 14 días para que el atleta pueda alcanzar niveles apropiados de aptitud física y su cuerpo se acostumbre a practicar en el calor. El equipo protector debe introducirse de manera gradual (comenzando con el casco, después el casco y las hombreras, y finalmente el uniforme completo).

EL AGOTAMIENTO DEBIDO AL CALOR: Es la inhabilidad de continuar ejercitando debido a los síntomas producidos por el calor. Esto ocurre cuando la temperatura básica del cuerpo se encuentra entre los 97 y los 104 grados Fahrenheit.

• Vértigo, mareo, debilidad	• Sudor abundante
• Dolor de cabeza	• Piel viscosa y fría
• Náusea	• Hiperventilación
• Diarrea, urgencia para defecar	• Reducción en la producción de orina
• Palidez, escalofríos	

TRATAMIENTO: Dejar de ejercitar, acudir a un lugar frío, quitar la ropa excesiva, beber líquidos si la persona está consiente, ENFRIAR EL CUERPO: con ventiladores, agua fría, toallas heladas, o esponjas húmedas congeladas (ice packs). Debe comenzar la recuperación de líquidos tan pronto como sea posible. Si su recuperación no es rápida, el atleta debe ser llevado a la sala de emergencias del hospital. Si existen dudas, LLAME AL 911. En todos los casos, los atletas que sufren agotamiento debido al calor deben ser evaluados por un médico tan pronto como sea posible.

INFARTO DEBIDO AL CALOR: Es el mal funcionamiento o paralización de los sistemas corporales debido a la alta temperatura del cuerpo la cual está fuera de control. Esto ocurre cuando la temperatura básica del cuerpo es mayor a los 107 grados Fahrenheit.

SÍNTOMAS DE ALARMA:

Los siguientes síntomas representan una EMERGENCIA MÉDICA. Podría ocasionar la muerte si no se ofrece tratamiento médico inmediato y apropiado.

Tratamiento: dejar de ejercitar, llamar al 911, alejar del calor, desvestirse, sumergir al atleta en agua fría para un enfriamiento rápido y eficaz (si no es posible sumergir al atleta, enfriar al atleta siguiendo el tratamiento para el agotamiento debido al calor), vigilando los signos vitales hasta que lleguen los paramédicos.

Los síntomas que han sido observados por los jugadores, padres y entrenadores incluyen:	
• Mareos (vértigo)	• Debilidad
• Letargo (adormecimiento), quedar inconsciente	• Piel caliente, húmeda o seca
• Convulsiones (ataques epilépticos)	• Pulso rápido, baja presión sanguínea
• Tambaleo, tropiezos, desorientación	• Hiperventilación
• Cambios cognitivos y de comportamiento (confusión, irritabilidad, agresividad, histeria, inestabilidad emocional)	• Vómito, diarrea

Consejos finales para los padres y tutores legales:

Cada vez que planee y prepare cualquier actividad deportiva usted debe tomar en cuenta el estrés que será producido por el calor. En varias regiones de California, los deportes de verano y otoño a menudo se realizan en climas muy calientes y húmedos. Muchos de los problemas ocasionados por el calor se relacionan con el fútbol Americano, debido al equipo adicional que los atletas deben vestir y el cual actúa como una barrera que impide la disipación del calor. Durante cada temporada deportiva en los Estados Unidos continúan sucediendo varias muertes debido a los infartos por el calor. Si se toman las precauciones apropiadas, no existe ninguna excusa para permitir que suceda una muerte debido a infarto por el calor.

Usted debe tener la confianza de hablar con los entrenadores o manejadores de atletismo referente a los posibles síntomas de insolación y sobre los síntomas que tal vez usted observa en su hijo.

Yo confirmo que he recibido y leído La Hoja de información CIF referente a la insolación.

Nombre del estudiante/atleta – *Letra de molde*

Firma del estudiante/atleta

Fecha

Nombre de padre/madre/tutor legal - *Letra de molde*

Firma de padre/madre/tutor legal

Fecha



DISTRITO ESCOLAR DE OXNARD

Opioides recetados: lo que necesita saber

Los opioides recetados son medicamentos que sirven para aliviar el dolor moderado a intenso y suelen ser recetados luego de una cirugía o de sufrir una lesión, o ante ciertos problemas de salud. Estos medicamentos pueden ser una parte importante del tratamiento, aunque también implican riesgos graves. Es importante comunicarse con su proveedor de atención médica para asegurarse que está obteniendo la atención más segura y eficaz.

Los riesgos más graves de los opioides recetados son la adicción y la sobredosis, especialmente con el uso prolongado. Una sobredosis con opioides puede reducir la frecuencia respiratoria y provocar la muerte repentina. Los opioides recetados pueden tener efectos secundarios, incluso si se toman según las indicaciones.

Los efectos secundarios pueden incluir uno o más de los siguientes:

- Tolerancia: la necesidad de tomar más medicamentos para lograr la misma reducción del dolor
- Dependencia física: aparición de síntomas de abstinencia al interrumpir el consumo
- Mayor sensibilidad al dolor
- Estreñimiento: es el efecto secundario más común
- Náuseas, vómitos y sequedad de boca
- Somnolencia y mareo
- Confusión
- Depresión
- Bajos niveles de testosterona, que pueden resultar en un menor impulso sexual, energía y fuerza
- Comezón y sudor

Los riesgos son mayores con lo siguiente:

- Tiene antecedentes de abuso de drogas, trastorno de consumo de sustancias o sobredosis
- Tiene una condición de salud mental, (como depresión o ansiedad)
- Tiene apnea del sueño
- Tiene 65 años o más
- Está embarazada

A menos que su proveedor de atención médica lo indique específicamente, los medicamentos que debe evitar incluyen:

- Benzodiacepinas (como Xanax o Valium)
- Relajantes musculares (como Soma o Flexeril)
- Pastillas para dormir (como Ambien o Lunesta)
- Otros opioides recetados
- Adicionalmente, evite el consumo de alcohol mientras esté tomando opioides recetados.

SEPA CUÁLES SON SUS OPCIONES

Hable con su proveedor de atención médica acerca de las maneras de controlar el dolor sin tener que usar opioides. Algunas de esas opciones podrían dar mejores resultados y presentar menores riesgos y efectos secundarios. Las opciones podrían ser las siguientes:

- Otros analgésicos, como acetaminofeno (Tylenol), ibuprofeno (Advil, Motrin) o naproxeno
- Algunos medicamentos que también se emplean contra la depresión y las convulsiones.
- Fisioterapia y ejercicios
- Terapia cognitiva conductual, un enfoque psicológico dirigido por objetivos donde los pacientes aprenden a modificar las causas físicas, conductuales y emocionales del dolor y el estrés.

SI LE RECETAN OPIOIDES PARA EL DOLOR:

- Nunca tome opioides en más cantidades o más seguido que lo indicado.
- Haga un seguimiento con su proveedor de atención médica.
 - Establezcan juntos un plan para tratar el dolor.
 - Analicen posibilidades para tratar el dolor, las cuales no incluyan opioides recetados.
 - Hable de sus inquietudes y de los efectos secundarios.
- Ayude a evitar el mal uso y el abuso.
 - Nunca venda ni comparta opioides recetados.
 - Nunca use los opioides recetados de otra persona.
- Guarde los opioides recetados en un lugar seguro y lejos del alcance de otras personas. (Esto puede incluir visitas, niños, amigos y familiares).
- Deshágase de manera segura de los opioides recetados que le sobren. Encuentre el programa de devolución de medicamentos de su comunidad o el programa de devolución de medicamentos de su farmacia o tírelos en el inodoro, siguiendo las instrucciones de la Administración de Alimentos y Medicamentos: www.fda.gov/Drugs/ResourcesForYou.
- Visite www.cdc.gov/drugoverdose para conocer los riesgos del abuso y la sobredosis de opioides
- Si cree que puede estar luchando contra la adicción, infórmele a su proveedor de atención médica y solicite orientación o llame a la línea de ayuda nacional de SAMHSA al 1-800-662-HELP.

APRENDE MÁS:

www.cdc.gov/drugoverdose/prescribing/guideline.html

Nombre del Estudiante Deportista

Firma del Estudiante Deportista

Fecha

Nombre del Padre o Tutor Legal

Firma del Padre o Tutor Legal

Fecha

Referencias legales:

Sección del Código de Educación de California 49476

Adaptado de los Centros para el Control y Prevención de Enfermedades (CDC, por sus siglas en inglés) y La Asociación de Hospital Americano



DISTRITO ESCOLAR DE OXNARD

Hoja CIF de información y compromiso de los padres y estudiantes sobre los esteroides

“Como condición de membresía en el CIF, todas las escuelas que son miembros deberán adoptar normas que prohíban el uso y abuso de los esteroides androgénicos/anabólicos. Todas estas escuelas deberán confirmar que los estudiantes atletas participantes y sus padres, el tutor legal/cuidador están de acuerdo que el atleta no usará esteroides anabólicos sin la receta prescrita por medio de un examen físico con licencia plena (como lo reconoce la Asociación Médica Americana, AMA) para tratar una condición médica”. (Estatuto CIF 503.I)

Nuestra norma del distrito escolar (BP 5131.63):

La Mesa Directiva Gobernante reconoce que el uso de esteroides y otros suplementos para mejorar el rendimiento físico representa un grave peligro para la salud y la seguridad. Como parte de los esfuerzos distritales de prevención e intervención del uso de drogas, el superintendente o la persona designada y el personal deberán hacer todos los esfuerzos razonables para evitar que los estudiantes usen esteroides u otros suplementos para mejorar el rendimiento físico.

Como parte de sus programas de salud, educación física o educación sobre las drogas, los estudiantes en los grados 7 al 12 recibirán una lección sobre los efectos de los esteroides.

Los estudiantes que participan en el atletismo escolar tienen prohibido el uso de esteroides y suplementos dietéticos prohibidos por la Agencia Antidopaje de los Estados Unidos, incluyendo la sustancia sinefrina (synephrine, en inglés). (Código de Educación 49030).

Antes de participar en el atletismo escolar, un estudiante atleta y su padre/madre/tutor legal deberán firmar una declaración donde el estudiante atleta se compromete a no usar esteroides androgénicos/anabólicos y/o suplementos dietéticos prohibidos por la Agencia Antidopaje de los Estados Unidos, incluyendo la sustancia Sinefrina (Synephrine, en inglés), a menos que el estudiante haya recibido una receta médica escrita por un profesional de la salud que posea autorización para tratar condiciones médicas.

Cualquier estudiante que haya violado el acuerdo o esta norma no podrá participar en el atletismo escolar y estará sujeto a los procedimientos disciplinarios los cuales incluyen, entre otros, la suspensión o expulsión de acuerdo con la ley, las normas de la Mesa Directiva y los reglamentos administrativos.

Los entrenadores deben educar a los estudiantes sobre las prohibiciones del distrito y los peligros del uso de esteroides y otros suplementos para mejorar el rendimiento físico.

El Superintendente o la persona designada se asegurarán que las escuelas del distrito no acepten patrocinios o donaciones de fabricantes de suplementos que ofrezcan suplementos de desarrollo muscular a los estudiantes.

Compromiso

Al firmar este documento, el estudiante atleta participante junto con sus padres, tutores legales/cuidadores están de acuerdo que el estudiante atleta mencionado en este documento no utilizará esteroides androgénicos/anabólicos sin una prescripción escrita por un médico que posea autorización plena para tratar condiciones médicas (tal como lo reconoce la Asociación Médica Americana, AMA). También reconocemos que según el reglamento CIF 202, podrían existir penalidades por el uso de información falsa o fraudulenta. Además comprendemos que la escuela [insert name of school] seguirá las normas referentes al uso ilegal de drogas en caso de que ocurran violaciones a estos reglamentos.

Yo confirmo que he recibido y leído la Hoja de información CIF referente a los esteroides.

Nombre del estudiante/atleta – *Letra de molde*

Firma del estudiante/atleta

Fecha

Nombre de padre/madre/tutor legal - *Letra de molde*

Firma de padre/madre/tutor legal

Fecha

OXNARD SCHOOL DISTRICT
Parent/Student CIF Steroid Information Sheet and Acknowledgement



“As a condition of membership in the CIF, all member school shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member school shall have participating student athletes and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully-licensed physical (as recognized by the AMA) to treat a medical condition.” (CIF Bylaw 503.I)

Our School District Policy (BP 5131.63):

The Governing Board recognizes that the use of steroids and other performance-enhancing supplements presents a serious health and safety hazard. As part of the district's drug prevention and intervention efforts, the Superintendent or designee and staff shall make every reasonable effort to prevent students from using steroids or other performance-enhancing supplements.

Students in grades 7-12 shall receive a lesson on the effects of steroids as part of their health, physical education, or drug education program.

Students participating in interscholastic athletics are prohibited from using steroids and dietary supplements banned by the U.S. Anti-Doping Agency as well as the substance synephrine. (Education Code 49030)

Before participating in interscholastic athletics, a student athlete and his/her parent/guardian shall sign a statement that the student athlete pledges not to use androgenic/anabolic steroids and dietary supplements banned by the U.S. Anti-Doping Agency and the substance synephrine, unless the student has a written prescription from a licensed health care practitioner to treat a medical condition.

A student who is found to have violated the agreement or this policy shall be restricted from participating in athletics and shall be subject to disciplinary procedures including, but not limited to, suspension or expulsion in accordance with law, Board policy, and administrative regulation.

Coaches shall educate students about the district's prohibition and the dangers of using steroids and other performance-enhancing supplements.

The Superintendent or designee shall ensure that district schools do not accept sponsorships or donations from supplement manufacturers that offer muscle-building supplements to students.

Acknowledgement

By signing below, both the participating student-athlete and the parents, legal guardians/caregiver hereby agree that the student-athlete named herein, 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 also recognize that under CIF bylaw 202, there could be penalties for false or fraudulent information. We also understand that the [insert name of school] policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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

Student-Athlete Name - *Printed*

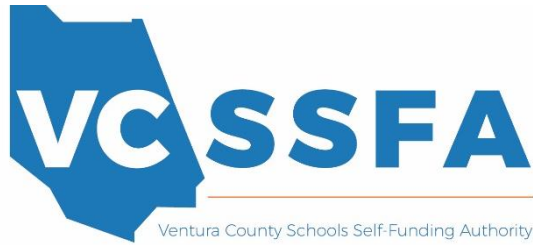
Student-Athlete - *Signature*

Date

Parent or Legal Guardian Name - *Printed*

Parent or Legal Guardian - *Signature*

Date



School Athletics Physical Contact Acknowledgement

Student name

Birth date

Parent or legal guardian (Please print)

Student address

School

Sport/Activity

Coach/Instructor

Athletics and sports often require highly technical physical movements. In order to prepare student athletes to compete to the best of their ability, Coaches may come into physical contact with student athletes. This physical contact is for instructional purposes to guide student athletes in proper positioning and movements.

Examples of situations of instructional potential physical contact include, but are not limited to:

- Batting stances in baseball and softball,
- Competitive Cheer stunts,
- Diving practices,
- Football tackling techniques,
- Golf and tennis swings,
- Starting block positions in track,
- Water polo practices,
- Wrestling positions and moves.

By signing this Physical Contact Acknowledgement, you are recognizing you understand there is potential instructional physical contact between the coach and student athlete, and it is acceptable to you.

Signature (Student)

Date

Signature (Parent or legal guardian)

Date

Home telephone

Work telephone

Mobile telephone or pager

AUTHORIZATION FOR ALL MEDICATIONS TAKEN DURING SCHOOL HOURS, SCHOOL ACTIVITIES AND FIELD TRIPS

This form must be completed at least annually and more frequently if the prescription changes in any way or as designated in the Individual Education Program (IEP) or in the Rehabilitation Act, Section 504 Plan.

PARENT OR LEGAL GUARDIAN

1. Parent or Legal Guardian Section

Note: All medications must be prescribed, **including over-the-counter medications**. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, time schedule and name of physician or other licensed health care provider (LHCP). Please refer to Legal References Governing the Administration of Medication in Schools on the reverse side of this form.

I request that designated unlicensed, trained school staff or licensed nurse assist my child in taking this prescribed medication(s) (including prescribed over-the-counter medication). I understand that my child may not be assisted with medication at school until all requirements are met. I hereby give consent for a school nurse to communicate with my child's prescriber and/or the pharmacist and to counsel school personnel as needed with regard to my child's health. I agree to comply with local educational agency policies and regulations related to administering medication at school.

Name of Child _____ Birth Date _____ Student Identification Number _____

Name of School _____ Grade _____ Teacher/Room Number _____

List all medications routinely taken outside of school hours: _____
I will immediately notify the school if there are any changes in medications my child is taking at school.

☐ If ordered by a LHCP, I give consent for my child to self-administer emergency medication at school. I agree to and do hereby release and hold the local educational agency and its governing board, officers, agents, employees and volunteers harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of self-administration of the medication(s).

Signature of Parent or Legal Guardian _____ Date _____ Primary Telephone _____ Alternate Telephone _____

2. Licensed Health Care Provider Section

The child named above is under my care for these diagnoses: _____
It is necessary for the child to receive the following prescribed medication(s) during school hours.

Name of Medication _____ Dosage (be specific, i.e. milligrams, etc.) _____
Time of day to be given _____ Frequency and Indication if "as needed" _____
Method of administration _____ Duration _____
Precautions or side effects _____

Storage and handling ☐ Routine handling, medication in locked storage and administered by authorized school personnel
☐ On-site 72 hour disaster supply only
☐ It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:
☐ Designated school personnel to administer
☐ Child trained to self-administer

Name of Medication _____ Dosage (be specific, i.e. milligrams, etc.) _____
Time of day to be given _____ Frequency and Indication if "as needed" _____
Method of administration _____ Duration _____
Precautions or side effects _____

Storage and handling ☐ Routine handling, medication in locked storage and administered by authorized school personnel
☐ On-site 72 hour disaster supply only
☐ It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:
☐ Designated school personnel to administer
☐ Child trained to self-administer

Name of Medication _____ Dosage (be specific, i.e. milligrams, etc.) _____
Time of day to be given _____ Frequency and Indication if "as needed" _____
Method of administration _____ Duration _____
Precautions or side effects _____

Storage and handling ☐ Routine handling, medication in locked storage and administered by authorized school personnel
☐ On-site 72 hour disaster supply only
☐ It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:
☐ Designated school personnel to administer
☐ Child trained to self-administer

Signature of LHCP or Supervising Physician _____ Date _____

Name of LHCP (please print) _____ License Number _____ Office telephone _____

Stamp LHCP name/address below:

Licensed Health Care Provider

LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

California *Business and Professions Code*.

Health Care Providers licensed to prescribe medication include:

Section 2051, California licensed physicians and surgeons

Section 1625, California licensed dentists

Section 3041, California licensed optometrists

Section 2472, California licensed podiatrists

Section 2836.1, California licensed nurse practitioners

Section 2746.51, California-certified nurse midwives

Section 3502.1, California licensed physician assistants

California *Education Code*.

Section 33031, State Board of Education adopt rules and regulations

Section 49423, Auto-injectable epinephrine, assistance at school or carry and self-administer

Section 49423.1, Inhaled asthma medication, assistance at school or carry and self-administer

Section 49423.6, Regulations regarding administration of medication in public schools

NOTE: California *Education Code* 49423.5, specialized physical health care services, i.e., catheterization, gastric tube feeding, suctioning, or other services that require medically related training, may require additional forms and instructions signed by parent or legal guardian and physician. Request *Specialized Services* forms from school.

California Code of Regulations, Title 5, Education.

Section 601, Definitions

- (a) Authorized health care provider
- (b) Medication
- (c) Medication Log
- (d) Medication Record
- (e) Other designated school personnel
- (f) Parent or legal guardian
- (g) Regular school day
- (h) School nurse

Section 602, Written Statement of Authorized Health Care Provider.

Section 603, Written Statement of the Parent or Legal Guardian.

Section 604, Administration of Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication.

Section 605, Self-Administration of Medication.

Local Educational Agency Policies

Board Policy 5141.21, Administering Medication and Monitoring Health Conditions

Administrative Regulation 5141.21, Administering Medication and Monitoring Health Conditions

AUTORIZACIÓN PARA TODO MEDICAMENTO TOMADO DURANTE HORAS ESCOLARES, ACTIVIDADES ESCOLARES, Y XCURSIONES

Este formulario debe completarse al menos una vez al año y con mayor frecuencia si la receta cambia de alguna manera o como indicado en el Programa Educativo Individualizado (IEP por sus siglas en inglés) o en la Sección de la Ley de rehabilitación Plan 504.

PADRE O TUTOR LEGAL

1. Sección de padre o tutor legal

AVISO: Todos los medicamentos deben ser recetados, **incluso los medicamentos a venta libre**. Los medicamentos deben estar en su recipiente/frasco original y la etiqueta debe llevar el nombre del niño, el nombre del medicamento, la dosis, la forma de administración, el horario de tomar la medicina y el nombre del médico u otro proveedor de atención médica autorizado (LHCP por sus siglas en inglés). Por favor, consulte las Referencias legales que rigen la administración de medicamentos en las escuelas en el reverso de este formulario.

Solicito que el personal escolar designado, sin licencia y capacitado, o la enfermera con licencia, ayuden a mi hijo a tomar esta(s) medicación(es) recetada(s) (incluyendo la medicación recetada de venta libre). Entiendo que mi hijo no puede ser asistido con la medicación en la escuela hasta que se cumplan todos los requisitos. Por la presente doy mi consentimiento para que la enfermera de la escuela se comunice con el médico prescriptor de mi hijo y/o con el farmacéutico y para que asesore al personal de la escuela según sea necesario con respecto a la salud de mi hijo. Estoy de acuerdo en cumplir con las políticas y regulaciones de la agencia educativa local relacionadas con la administración de medicamentos en la escuela.

Nombre del niño _____ Fecha de nacimiento _____ Núm. de Identificación _____

Nombre de la Escuela _____ Grado _____ Maestro / No. de Salón de Clase _____

Apunte todos los medicamentos que se tomen con regularidad fuera de las horas escolares: _____

Avisaré a la escuela inmediatamente si hay cambios de cualquier tipo en los medicamentos que mi hijo toma en la escuela.

- ☐ Si lo ordena un LHCP, doy mi consentimiento para que mi hijo se auto administre medicamentos de emergencia en la escuela. Estoy de acuerdo y por la presente libero y eximo de responsabilidad a la agencia educativa local y a su consejo directivo, funcionarios, agentes, empleados y voluntarios por cualquier reclamo, demanda, causa de acción, responsabilidad o pérdida de cualquier tipo, debido a la autoadministración de los medicamentos o que surja de ella

Firma del Padre o Tutor Legal _____ Fecha _____ Teléfono principal _____ Teléfono alternativo _____

2. Sección de proveedores de servicios de salud autorizados

El niño nombrado arriba está bajo mi cuidado por estos diagnósticos: _____

Es necesario que el niño reciba los siguientes medicamentos recetados durante el horario escolar.

Nombre of medicamento _____ Dosis (sea específico, p.ej. miligramos, etc.) _____

Hora de administración _____ Frecuencia e indicación si es "según necesidad" _____

Método de administración _____ Duración _____

Precauciones o efectos secundarios _____

Almacenamiento y manipulación

- ☐ Manejo rutinario, el medicamento se almacena bajo llave y es administrado por personal escolar autorizado
- ☐ Suministro de 72 horas en caso de catástrofe
- ☐ Es una *Necesidad médica* que el niño lleve una receta para el asma, anafilaxia o la diabetes, e indicar:
- ☐ Personal escolar designado para administrar
- ☐ El niño está capacitado para auto administrarse

Nombre of medicamento _____ Dosis (sea específico, p.ej. miligramos, etc.) _____

Hora de administración _____ Frecuencia e indicación si es "según necesidad" _____

Método de administración _____ Duración _____

Precauciones o efectos secundarios _____

Almacenamiento y manipulación

- ☐ Manejo rutinario, el medicamento se almacena bajo llave y es administrado por personal escolar autorizado
- ☐ Suministro de 72 horas en caso de catástrofe solo en la escuela
- ☐ Es una *Necesidad médica* que el niño lleve una receta para el asma, anafilaxia o la diabetes, e indicar:
- ☐ Personal escolar designado para administrar
- ☐ El niño está capacitado para auto administrarse

Nombre of medicamento _____ Dosis (sea específico, p.ej. miligramos, etc.) _____

Hora de administración _____ Frecuencia e indicación si es "según necesidad" _____

Método de administración _____ Duración _____

Precauciones o efectos secundarios _____

Almacenamiento y manipulación

- ☐ Manejo rutinario, el medicamento se almacena bajo llave y es administrado por personal escolar autorizado
- ☐ Suministro de 72 horas en caso de catástrofe solo en la escuela
- ☐ Es una *Necesidad médica* que el niño lleve una receta para el asma, anafilaxia o la diabetes, e indicar:
- ☐ Personal escolar designado para administrar
- ☐ El niño está capacitado para auto administrarse

Firma del LHCP o médico supervisor _____ Fecha _____

Nombre del LHCP (imprimir) _____ Número de licencia _____ N° de teléfono de la oficina _____

Sello LHCP
nombre/dirección abajo:

LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

California *Business and Professions Code*.

Health Care Providers licensed to prescribe medication include:

- Section 2051, California licensed physicians and surgeons
- Section 1625, California licensed dentists
- Section 3041, California licensed optometrists
- Section 2472, California licensed podiatrists
- Section 2836.1, California licensed nurse practitioners
- Section 2746.51, California-certified nurse midwives
- Section 3502.1, California-licensed physician assistants

California *Education Code*.

- Section 33031, State Board of Education adopt rules and regulations
- Section 49423, Auto-injectable epinephrine, assistance at school or carry and self-administer
- Section 49423.1, Inhaled asthma medication, assistance at school or carry and self-administer
- Section 49423.6, Regulations regarding administration of medication in public schools

NOTE: California *Education Code* 49423.5, specialized physical health care services, i.e., catheterization, gastric tube feeding, suctioning, or other services that require medically related training, may require additional forms and instructions signed by parent or legal guardian and physician. Request *Specialized Services* forms from school.

California Code of Regulations, Title 5, Education.

Section 601, Definitions

- (a) Authorized health care provider
- (b) Medication
- (c) Medication Log
- (d) Medication Record
- (e) Other designated school personnel
- (f) Parent or legal guardian
- (g) Regular school day
- (h) School nurse

Section 602, Written Statement of Authorized Health Care Provider.

Section 603, Written Statement of the Parent or Legal Guardian.

Section 604, Administration of Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication.

Section 605, Self-Administration of Medication.

Local Educational Agency Policies

Board Policy 5141.21, Administering Medication and Monitoring Health Conditions

Administrative Regulation 5141.21, Administering Medication and Monitoring Health Conditions

PARENT OR LEGAL GUARDIAN

DESIGNEE

1. Parent or Legal Guardian Section

☐ M ☐ F

Name of Child _____ Sex _____ Birth Date _____ Student ID Number _____

I understand that my child may not have nor take medication at school unless all requirements are met. One of the following forms must be used in conjunction with this authorization:

- Attach copies of the appropriate medical authorization to this form. This form becomes invalid in the event of a prescription change. Medication(s) to be administered:

Signature of Parent or Legal Guardian	Date	Home/Mobile Telephone	Work Telephone
---------------------------------------	------	-----------------------	----------------

<hr/>	<hr/>
Designee (please print)	Relationship to child

Street Address City, State, Zip Code

Home/Mobile Telephone	Work Telephone
-----------------------	----------------

Please list any prohibitions, limits, and/or conflicts that would prevent your ability to administer the medication(s) or to be present on the school site:

I agree to the following:

- a. Willingly accept designation to administer medication(s) to the above named child;
- b. Administer the medication(s) only after notification of site administration or the field trip supervisor, Exception: life-threatening emergencies;
- c. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to the medication(s).

Signature _____ Date _____

LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

California Education Code, section 49423.

- (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon or ordered for him or her by a physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).
- (b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon or physician assistant.
- (2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to this paragraph.
- (3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.
- (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses auto-injectable epinephrine in a manner other than as prescribed.

California Education Code, section 49423.1.

- (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician or surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).
- (b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician or surgeon.
- (2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.
- (3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.
- (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than as prescribed.

California Education Code, section 49423.5.

- (a) Notwithstanding Section 49422, an individual with exceptional needs who requires specialized physical health care services, during the regular schoolday, may be assisted by any of the following individuals:
- (1) Qualified persons who possess an appropriate credential issued pursuant to Section 44267 or 44267.5, or hold a valid certificate of public health nursing issued by the Board of Registered Nursing.
- (2) Qualified designated school personnel trained in the administration of specialized physical health care if they perform those services under the supervision, as defined by Section 3051.12 of Title 5 of the California Code of Regulations, of a credentialed school nurse, public health nurse, or licensed physician and surgeon and the services are determined by the credentialed school nurse or licensed physician and surgeon, in consultation with the physician treating the pupil, to be all of the following:
- (A) Routine for the pupil.
- (B) Pose little potential harm for the pupil.
- (C) Performed with predictable outcomes, as defined in the individualized education program of the pupil.
- (D) Do not require a nursing assessment, interpretation, or decisionmaking by the designated school personnel.
- (b) Specialized health care or other services that require medically related training shall be provided pursuant to the procedures prescribed by Section 49423.
- (c) Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.
- (d) "Specialized physical health care services," as used in this section, includes catheterization, gastric tube feeding, suctioning, or other services that require medically related training.
- (e) Regulations necessary to implement this section shall be developed jointly by the State Department of Education and the State Department of Health Care Services, and adopted by the state board.
- (f) This section does not diminish or weaken any federal requirement for serving individuals with exceptional needs under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and its implementing regulations, and under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) and its implementing regulations.
- (g) This section does not affect current state law or regulation regarding medication administration.
- (h) It is the intent of the Legislature that this section not cause individuals with exceptional needs to be placed at schoolsites other than those they would attend but for their needs for specialized physical health care services.



Recommendations for Student Activity Transportation

CONTENTS

Scope.....	1
Definitions.....	1
Mode of Transportation	2
District Transportation	3
Chartered Bus.....	3
Chartered Limousines and Vans	5
Public Transportation.....	6
Personal Vehicles.....	6
Passenger Vans with Capacity of 10 or More.....	10
General Driving Safety	12
Passenger Safety	12
Rented Vehicles	13
Transportation by Air.....	13

1. Scope:

- a. These Recommendations are to be used when students are travelling to activities, but are not travelling in buses owned by the district or buses provided by the primary transportation contractor.
- b. Buses owned by the district or buses provided by the primary transportation contractor are governed by the rules and regulations of the California Highway Patrol.

2. Definitions

- a. Activity travel is defined as when a class, team, band, club or any other school group takes a trip to any off-campus practice, competition, or activity.

b. School Bus

- 1) In California, a “school bus” is a motor vehicle designed, used, or maintained for the transportation of a student at or below the grade 12 level to or from a public or private school or to or from public or private school activities, except:
 - a) A motor vehicle of any type carrying only members of household of its owner;
 - b) A motortruck transporting students who are seated only in the passenger compartment;
 - c) A motor vehicle operated by a common carrier, or by and under the exclusive jurisdiction of a publicly owned or operated transit system, only during the time it is on a scheduled run and is available to the general public
 - d) A motor vehicle operated by a common carrier, or by and under exclusive jurisdiction of a publicly owned or operated transit system, only during the time it is on a scheduled run and is available to the general public;
 - e) A school pupil activity bus (see below)
 - 2) In federal law, “school bus” means a passenger motor vehicle designed or used to carry more than 10 passengers in addition to the driver, and which the Secretary of Transportation determines is likely to be significantly used for the purpose of transporting pre-primary, primary, or secondary school students from home to school or school to home.
- c. A school pupil activity bus (SPAB) means any motor vehicle, other than a school bus, operated by a common carrier, or by and under the exclusive jurisdiction of a publicly owned or operated transit system, or by a passenger charter-party carrier, used under a contractual agreement between a school and carrier.
- 1) Examples:
 - a) Charter bus
 - b) Charter coach bus
 - c) Charter van
 - d) Charter limousine
 - d. Public transportation means a motor vehicle operated by and under exclusive jurisdiction of a publicly owned or operated transit system, only during the time it is on a scheduled run and is available to the general public.
3. Mode of Transportation (In Order of Preference)
- a. Students are to use district transportation to field trips, athletic competitions, band trips, club trips, etc., when provided.
 - 1) Travel in a school bus built to federal specifications is the safest mode of travel for student activity transportation.

- b. School pupil activity bus (see sections 5 and 6)
 - c. Public Transportation (see section 7)
 - d. Personal vehicle of student's parent or other volunteer (see sections 8 to 11)
 - e. Personal vehicle of staff (see sections 8 to 11)
 - f. Student driver (see sections 8 to 11)
- 4. District Transportation
 - a. A district may own their buses or contract for transportation.
 - b. Students are to use district transportation to field trips, athletic competitions, band trips, club trips, etc., when provided.
 - 1) Travel in a school bus built to federal specifications is the safest mode of travel for student activity transportation.
- 5. Chartered Buses (School Pupil Activity Bus)
 - a. All chartered vehicles are to be arranged or approved through the district office.
 - b. The chartered transportation provider is to comply with Education Code section 45125.1, Fingerprint certification requirements, as applicable. The chartered transportation provider is to provide proof that fingerprint certification requirements have been fulfilled
 - c. The chartered transportation provider is to comply with Education Code section 49406(i), Examination for tuberculosis requirements, as applicable.
 - 1) Exception: drivers who transport students on an infrequent basis, not to exceed once per month
 - 2) The chartered transportation provider is to provide proof that examination for tuberculosis requirements has been fulfilled.
 - d. Maximum driving time: 10 hours within a work period
 - 1) Two (2) hours may be added if a driver encounters adverse driving conditions
 - a) Snow, sleet, fog, other adverse weather conditions
 - b) unusual road and traffic conditions
 - c) none of which were apparent on the basis of information known to the dispatch person
 - e. State of California Documentation
 - 1) School Bus:
 - a) Valid driver license for the appropriate class of vehicle
 - i. A school bus and a passenger transportation endorsement

- b) Driver is to have a certificate to drive a school bus and a valid medical card
 - c) Obtain proof of Highway Patrol (CHP) vehicle certification and inspection from the chartered transportation provider
- 2) School pupil activity bus:
 - a) Valid driver license for the appropriate class of vehicle
 - i. passenger transportation endorsement
 - b) Driver is to have a certificate to drive a school pupil activity bus and a valid medical card
 - c) Obtain proof of CHP vehicle certification and inspection from the chartered transportation provider
- f. Insurance and Indemnification
 - 1) An authorized agent of the school district or charter school and the vendor should sign a services agreement.
 - a) The term of transportation agreements can be for up to five (5) year(s).
 - 2) Indemnification language protecting the district should be included in the agreement.
 - 3) Recommended commercial general liability insurance limits of \$5,000,000 per occurrence, \$10,000,000 aggregate.
 - 4) Recommended commercial automobile liability insurance limits

Combined single limit: \$25,000,000
 - 5) Abuse and Molestation coverage of at least \$10,000,000 per occurrence, \$25,000,000 aggregate.
 - 6) Transportation provider's commercial general liability insurance and commercial automobile liability insurance should name the district as additional insured. The endorsement specifying the additional insured for the insurance policies should be ISO form CG 20 26 10 01 or an equivalent endorsement reasonably acceptable to the district.
 - 7) The transportation agreement should contain the following:
 - a) If the Provider maintains broader coverage and/or higher limits than the minimums shown above, the District requires and shall be entitled to the broader coverage and/or higher limits maintained by the contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the District.
- g. The cost of chartered transportation may be offset by fees for field trips and excursions in connection with courses of instruction or school-related social, educational, cultural, athletic, or school band activities so long as no student is prevented from making the

field trip or excursion because of lack of sufficient funds. (*Education Code*, section 35330 (b))

- h. The “Passenger Charter-party Carriers’ Act” does not apply to transportation of students conducted by or under contract with the governing board of any school district entered into pursuant to the Education Code.

6. Chartered Limousines, Vans, and Cars

- a. All chartered vehicles are to be arranged or approved through the district office.
- b. The chartered transportation provider, including cars, is to comply with Education Code section 45125.1, Fingerprint certification requirements, as applicable.
 - 1) The chartered transportation provider is to provide proof that fingerprint certification requirements have been fulfilled.
- c. The chartered transportation provider, including cars, is to comply with Education Code section 49406(i), tuberculosis risk assessment requirements, as applicable.
 - 1) Exception: drivers who transport students on an infrequent basis, not to exceed once per month
 - 2) The chartered transportation provider is to provide proof that examination for tuberculosis requirements has been fulfilled.
- d. Limousines and vans with capacity of 10 or more
 - 1) A commercial driver license (CDL) is required to operate any vehicle designed to transport 10 or more passengers (including the driver).
 - a) passenger transportation endorsement
 - 2) Driver is to have a certificate to drive a school pupil activity bus and a valid medical card.
 - 3) Obtain proof of CHP vehicle certification and inspection from the chartered transportation provider.
- e. Insurance and Indemnification
 - 1) An authorized agent of the school district or charter school and the vendor should sign a services agreement.
 - a) The term of transportation agreements can be for up to five (5) year(s).
 - 2) Indemnification language protecting the district should be included in the agreement.
 - 3) Recommended commercial general liability insurance limits of \$5,000,000 per occurrence, \$10,000,000 aggregate.
 - 4) Recommended commercial automobile liability insurance limits
 - Combined single limit: \$25,000,000

- 5) Abuse and Molestation coverage of at least \$10,000,000 per occurrence, \$25,000,000 aggregate.
- 6) Transportation provider's commercial general liability insurance and commercial automobile liability insurance should name the district as additional insured. The endorsement specifying the additional insured for the insurance policies should be ISO form CG 20 26 10 01 or an equivalent endorsement reasonably acceptable to the district.
- 7) The transportation agreement should contain the following:
 - a) If the Provider maintains broader coverage and/or higher limits than the minimums shown above, the District requires and shall be entitled to the broader coverage and/or higher limits maintained by the contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the District.
- f. The cost of chartered transportation may be offset by fees for field trips and excursions in connection with courses of instruction or school-related social, educational, cultural, athletic, or school band activities so long as no student is prevented from making the field trip or excursion because of lack of sufficient funds. (*Education Code*, section 35330 (b))
- g. Prom Limousines
 - 1) Prom paperwork should encourage parents who choose to hire limousines to hire a company that provides transportation services with vehicles having a seating capacity of 10 or less including the driver.
 - 2) Prom paperwork should warn parents who choose to hire limousines that furnishing or giving any alcoholic beverage to any person under 21 years of age is guilty of a misdemeanor (*California Business and Professions Code*, section 25658)
 - a) \$1000 fine, and
 - b) Not less than 24 hours of community service.
7. Public Transportation
 - a. Students may travel on public transportation for school purposes, if that public transportation is on a scheduled run and is available to the general public;
 - b. If the public transportation is not on a scheduled run and is not available to the general public, the requirements for chartered buses or chartered limousines and vans apply.
8. Personal Vehicles
 - a. This section applies to:
 - 1) Cars other than limousines
 - 2) Sport utility vehicles of nine (9) passengers or less (including the driver),

- 3) Seven (7) or eight (8) passenger minivans, or
 - 4) Eight (8) or nine (9) passenger vans (including the driver).
- b. Students are to use district transportation to field trips, athletic competitions, band trips, club trips, etc., when provided.
- 1) Travel in a school bus built to federal specifications is the safest mode of travel for student activity transportation.
- c. California law requires all personal vehicles be covered by liability insurance. Recommended automobile insurance coverage limits for vehicles in which students ride are:
- | | | |
|-------------------|-----------------------|---------------------------|
| Liability: | \$100,000 each person | \$300,000 each accident |
| Medical Payments: | \$10,000 | Property Damage: \$50,000 |
- 1) Exception: vehicles containing only members of a single family need only meet state minimum limits
- d. A person driving their personal vehicle for approved district purposes will be responsible for any costs associated with moving violations and parking violations incurred during such driving
- e. Personal Vehicles of Parent Volunteers and Staff
- 1) A driver must have at least five (5) years of driving experience for all car pools involving non-family riders.
 - 2) A Personal Vehicle Use form must be on file, with an attached copy of a valid driver license, proof of insurance, and schedule, at the district.
 - 3) The limit on the distance of transporting students in personal vehicles shall be a radius of [enter number of miles] miles, in accordance with district policy.
 - 4) The “rule of three” is used when transporting students in personal vehicles. At least two adults are required to transport a single student. At least two students must be present if transported by a single adult.
- f. Parents Driving Only their own Children
- 1) This paragraph applies to the following circumstances:
 - a) When parents choose to drive only their own children rather than use transportation provided by the district.
 - b) When district transportation is not provided, but no non-family students will be allowed in the vehicle.
 - 2) Students are to use district transportation to travel to field trips, athletic competitions, band trips, club trips, etc., when provided.

- 3) If district policy allows, and a parent opts out of provided district transportation for a field trip during the regular school day, the student(s) must be checked out of school.
 - a) Check out must be in writing.
 - b) This procedure places the student(s) in the care, custody, and control of the parent or guardian, and not the responsibility of the school or district.
 - c) The parent should check in with the teacher upon arrival at the field trip destination.
 - d) The parent is to stay with their own student(s) during the entire field trip, including the trip home or back to school.
 - e) The parent should not be counted as chaperone for the trip.
 - f) Family members not enrolled in class are not to travel to or attend the field trip.
- 4) If district policy allows, and a parent opts out of provided district transportation, for a field trip, athletic competition, band trip, club trip, etc., that begins during school hours but extends beyond the regular school day, the student(s) must be checked out of school.
 - a) Preferably after the completion of the field trip, athletic competition, band trip, club trip, etc.
 - i. Should only be to an alternate destination.
 - b) Check out must be in writing.
 - c) This procedure places the student(s) in the care, custody, and control of the parent or guardian, and not the responsibility of the school or district.
- 5) If district policy allows, and a parent opts out of provided district transportation, for a field trip, athletic competition, band trip, club trip, etc., that begins after the end of the regular school day or on a weekend, the parent must notify the coach, teacher, or advisor and the school administrator as soon as possible, but not less than 24 hours before the activity.
 - a) The parent should check in with the coach, teacher, or advisor upon arrival at the activity.
 - b) The student(s) must be checked out at the conclusion of the activity.
 - c) This procedure places the student(s) in the care, custody, and control of the parent or guardian, and not the responsibility of the school or district.
- 6) Parents of student(s) to be checked out should request permission for the check out from the coach, teacher, or advisor and the school administrator as soon as possible, but not less than 24 hours before the activity.

- 7) Only check-out documentation is necessary.
 - a) School Sign-out form, or
 - b) Student Transportation Permission Form, or
 - c) School Activity Transportation Sign-out Sheet.
 - 8) Check-out documentation should be kept with the field trip forms for the field trip, athletic competition, band trip, club trip, etc., for at least six (6) years, or two (2) years past the date of graduation, whichever is first.
- g. Students Drivers (Pursuant to District Policy)
- 1) Students are to use district transportation to field trips, athletic competitions, band trips, club trips, etc., when provided.
 - a) Travel in a school bus built to federal specifications is the safest mode of travel for student activity transportation.
 - b) Potential Exceptions:
 - i. Travel to offsite career education classes and career internships directly from school,
 - ii. Travel to offsite athletic practices, including independent study physical education,
 - 2) Parent/guardian must sign a Student Transportation Permission form.
 - a) Form SFA 7020, Student Non-District Transportation Permission Form
 - 3) A Personal Vehicle Use form must be on file, with an attached copy of a valid driver license, proof of insurance, and schedule, at the district.
 - 4) Parents of students should request permission from the coach or advisor and the school administrator that they will be providing their own transportation as soon as possible, but not less than 24 hours before the activity
 - a) If the coach, advisor, and/or school administrator decide that self-transportation for a particular activity is inappropriate, an alternative mode of transportation must be taken.
 - 5) Student drivers are to strictly follow the practices for cellular/mobile/wireless telephone use in section 10.e.
 - 6) The limit on the distance students in personal vehicles may drive shall be a radius of [enter number of miles] miles, in accordance with district policy.
 - 7) Students may only drive other students who are immediate family members.
 - 8) Requirements of the California provisional driver license are to be followed, as applicable
- h. Personal Vehicles with Trailers

- 1) Ensure the correct trailer for the vehicle and the correct hitch for the trailer
 - 2) Distribute and anchor the load.
 - 3) Observe posted speed limits
 - 4) Allow extra time to brake
 - 5) Add safety equipment as dictated by common sense and state law
 - a) Mirrors, lights, safety chains, brakes for heavy trailers, etc.
9. Personal Passenger Vans with Capacity of 10 or More
- a. Application
 - 1) This section applies to:
 - a) Vans of this size owned or rented by the district, staff, or volunteers,
 - b) 12 passenger vans (passengers include the driver)
 - c) 15 passenger vans (passengers include the driver)
 - i. A 15-passenger van is a van manufactured to accommodate 15 passengers, including the driver, or a van “designed” to carry 15 passengers, including the driver, even if seats have been removed to accommodate fewer than 15 passengers
 - 2) This section does not apply to:
 - a) Personal vehicles (see section 8)
 - b) Chartered Buses (see section 5)
 - c) Chartered limousines and vans (see section 6)
 - d) Large vans with seats permanently removed, and used for maintenance and/or purchasing/warehouse purposes only.
 - b. Federal regulations do not prohibit the use of vans by schools, but require any van (with a capacity of more than 10) sold or leased for use as a school bus (transporting students) to meet the safety standards applicable to school buses.
 - 1) “a school or school system may not purchase or lease a new 15-passenger van if it will be used significantly by, or on behalf of, the school or school system to transport preprimary, primary, or secondary school students to or from school or an event related to school, unless the 15-passenger van complies with the motor vehicle standards prescribed for school buses and multifunction school activity buses under this title.” (Public Law 109-59, section 10309)
 - 2) Each school bus shall be equipped with a stop signal arm,
 - 3) Each school bus shall have an emergency exit,

- 4) Rollover protection in accordance with 49 Code of Federal Regulations (CFR), section 571.220
- 5) Body joint strength in accordance with 49 CFR 571.221
- 6) Passenger seating and crash protection
 - a) For school buses manufactured before October 21, 2009, each school bus passenger seat must be equipped with a seat back that has a vertical height of at least 20 inches above the seating reference point.
 - b) For school buses manufactured on or after October 21, 2009, each school bus passenger seat must be equipped with a seat back that has a vertical height of at least 24 inches above the seating reference point.
 - c) Crash protection in accordance with 49 CFR 571.222
- 7) Lamps, reflective devices, and associated equipment
 - a) Four red signal lamps designed to conform to SAE Standard J887.
 - b) Four amber signal lamps (optional) designed to conform to SAE Standard J887, except for their color, and except that their candlepower shall be at least 2½ times that specified for red signal lamps.
- c. A commercial driver license (CDL) is required to operate any vehicle designed to transport 10 or more passengers (including the driver).
- d. California law requires drivers for school districts, private schools, community colleges, and California state universities who operate 15-passenger vans must have a commercial driver license (CDL) with a passenger transport vehicle (PV) endorsement.
 - 1) A 15-passenger van is a van manufactured to accommodate 15 passengers, including the driver, or
 - 2) A van "designed" to carry 15 passengers, including the driver, even if seats have been removed to accommodate fewer than 15 passengers.
- e. Required commercial automobile liability insurance limits for vans with capacity of 10 or more:

Combined single limit: \$25,000,000 minimum
- f. Large Van Safety
 - 1) Limit the number of passengers
 - a) Carrying more than nine (9) people, including the driver, increases the risk of rollover.
 - b) Seat passengers toward the front of the van, in front of the rear axle.
 - 2) Do not use roof racks and/or trailers.

10. General Driving Safety

- a. All classes, teams, clubs, bands, and/or other organizations must obtain first aid kits and are required to travel with first aid kits.
- b. All travel, except for short trips should be done in daylight.
- c. Observe all traffic laws including speed limits
- d. Driving time is limited to a maximum of 10 hours.
 - 1) Driving time must be interrupted by frequent rest, food, and recreation stops.
 - 2) If there is only one driver, the driving time should be reduced and stops should be made more frequently.
- e. Cellular/mobile/wireless telephone use
 - 1) It is illegal to drive a motor vehicle in California while using an electronic wireless communication device to write, send, or read text messages, instant messages, and e-mail(s);
 - 2) With certain exceptions, adults may **not** use a cell phone while driving unless hands-free equipment is used
 - a) Exceptions:
 - i. a person using a wireless telephone for emergency purposes, including, but not limited to, an emergency call to a law enforcement agency, health care provider, fire department, or other emergency services agency or entity
 - ii. A school bus driver using a wireless telephone for work-related purposes, or for emergency purposes
 - b) Do not engage in distracting conversations
 - 3) When safe, stop the vehicle at the side of the road to use a wireless telephone;
 - 4) If the wireless telephone rings, let the call go to voicemail;
 - 5) Pay attention to the road;
 - 6) Never use a mobile/wireless telephone in heavy traffic, severe weather, or other hazardous conditions;
 - 7) Never take notes or look up telephone numbers while driving;
 - 8) Use the wireless telephone to call for help in an emergency.
- f. Do not attempt to maintain a caravan or convoy.
 - 1) Set designated meeting locations and times.

11. Passenger Safety

- a. California law requires the driver and all passengers 16 years of age or over, or who weigh 60 lbs. or more, wear seat belts.

- b. Any child under the age of eight (8), is to be secured in a federally approved child passenger restraint system and ride in the back seat of a vehicle.
 - 1) This applies to personal vehicles, rented vehicles, taxis, and limousines and cars for hire.
 - 2) Child passenger restraint systems are not required on school buses or SPABs.
 - 3) Safety vests can be used to protect small students.
- c. Follow the vehicle manufacturer's recommendation regarding air bags in the front seat.
- d. Passengers are to ride only in the cab (passenger compartment) if trucks are used.
- e. Passengers are to keep their head, hands and arms, and feet and legs inside a moving vehicle at all times.

12. Rented Vehicles

- a. All recommendations above apply to rental vehicles and the respective size of those vehicles.
- b. Employees and volunteers renting vehicles are to follow district procedures for such rentals.
- c. When the district driver is at fault, automobile physical damage on rented vehicles is covered by the VCSSFA Property Coverage Memorandum. Refer to Appendix C, Automobile Physical Damage.
 - 1) Collision deductible: \$250.
 - 2) Comprehensive deductible: \$500.
- d. Employees injured in a collision in rented vehicles are covered by the district workers' compensation program.
- e. When the district driver is at fault, bodily injury to third parties is covered by the VCSSFA Liability Coverage Memorandum.
- f. It is a district preference whether or not it chooses to purchase additional insurance coverage for rental vehicles.
 - 1) Advantages of purchasing additional insurance:
 - a) Deductible: none.
 - b) The district's liability and/or property experience is not impacted.
 - 2) Advantage of not purchasing additional insurance:
 - a) No additional fee.

13. Transportation by Air

- a. California *Education Code* section 35332 allows excursion or field trip/student activity transportation by air only by the following:

- 1) aircraft owned and operated by the state or federal government
- 2) chartered or regularly scheduled aircraft operated exclusively by an air carrier or foreign air carrier
- b. "In flight" operations of manned aircraft are excluded from the VCSSFA liability program.
- c. Aircraft insurance limits
 - 1) At least \$10 million for large chartered commercial aircraft
 - 2) Do not expect any insurance documentation from regularly scheduled aircraft operated exclusively by an air carrier



Best Practices for Issues Related to Pregnancy and Athletic Participation

1. Introduction

Title IX of the Education Amendments of 1972 bars discrimination on the basis of sex, which includes the guarantee of equal educational opportunities to pregnant and parenting students. BP 6145.2 and AR 6145.2 provide, in part, that no person shall, on the basis of physical disability, be excluded from participation in, be denied the benefits of, be denied equivalent opportunity in, or otherwise be discriminated against in interscholastic, intramural, or club athletics. (Education Code 220, 230; 5 CCR 4920; 34 CFR 106.41)

This means that our student-athletes cannot be discriminated against because of their parental or marital status, pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom.

2. Scope

These Best Practices provide for pregnant and parenting students, including those with pregnancy related conditions, and remind of the prohibition against retaliation of any student or employee who complains about issues related to the implementation of these Best Practices.

3. General Principals

- a. The District should treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery from any of these conditions in the same manner, and under the same policies, as any other temporary disability.
- b. The obligation for a female athlete to report the condition of her pregnancy or pregnancy related condition to her coach should be no different than the obligation of the athletes to inform their coach of other medical conditions. Districts should work to create an environment which encourages the student athlete to voluntarily reveal her pregnancy, pregnancy related condition, and his or her parenting status, in order for the District to provide appropriate support for physical and mental health.

- c. Female athletes should undergo the same type of physical examination and tests to be eligible for athletic competition as males.
 - d. The District should not require any written or verbal contract that requires a student-athlete to not get pregnant or become a parent as a condition of participating on a team.
4. After a Pregnancy-Related Condition is Disclosed
- a. When a student-athlete reveals her pregnancy, a pregnancy related condition or parenting status to athletics personnel, they should reiterate the District's commitment to protection of the student-athlete's team membership status and should refer the student-athlete to a District representative trained in providing support about pregnancy, including the athlete's options and rights to continue to participate in athletics, and the effect, if any on student-athlete eligibility rules. As part of that support, the student should be encouraged her to work in collaboration with her maternal health care provider. The District should maintain the privacy of the information as they would any other medical condition. Athletics personnel should not counsel the student on pregnancy related choices.
 - b. The District may require such a student to obtain the certification of a physician that the student is physically and emotionally able to continue participation in her athletic team so long as such a certification is required of student-athletes who experience other temporary disabilities. Because of the great variety in the demands of certain sports and in the health fitness of the pregnant female athlete, no standard timeline for the permissibility of competition during pregnancy should be established.
 - c. The District should not suggest to any student-athlete that his or her continued participation on a team will be affected in any way by pregnancy or parental status.
 - d. Districts should allow a pregnant or parenting student-athlete to fully participate on the team, including all team-related activities, unless the student-athlete's physician or other medical caregiver certifies that participation is not medically safe.
 - e. Districts should allow a pregnant student-athlete to continue to participate in a limited manner on the team, including all team-related activities, unless the student-athlete's physician or other medical caregiver certifies that partial participation is medically unsafe.
 - f. A student-athlete with a pregnancy-related condition must be provided with the same types of modifications provided to other student-athletes to allow continued team participation. They are entitled to assistance and rehabilitation on the same

basis as such assistance is provided to student-athletes with other temporary disabilities.

- g. Medically necessary absences from team activities due to pregnancy should be considered excused absences. If a student takes a medical pregnancy leave, at the end of that leave they should be reinstated to the same status they had before the leave.
- h. Districts should not allow a hostile or intimidating environment on the basis of pregnancy or parental status to exist. Acts or statements from coaches or students that are hostile toward pregnancy or parenting, or that shun or shame the student-athlete because she is pregnant or parenting, constitute sex harassment and/or discrimination and should be strictly prohibited.

5. Non-Retaliation

As with all complaints of discrimination, retaliation should be specifically prohibited against anyone who complains about pregnancy or parental status discrimination, even if the person was in error about the lawfulness of the conduct.

Ventura County Schools Self-Funding Authority
REPORT OF PERSONAL ACCIDENT
CONFIDENTIAL – ATTORNEY-CLIENT PRIVILEGE

TO BE COMPLETED IMMEDIATELY				<input type="checkbox"/> STUDENT <input type="checkbox"/> VENDOR <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER <input type="checkbox"/> VISITOR	
THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE INJURY OR IS SUPERVISING AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE APPROPRIATE LOCAL EDUCATIONAL AGENCY (LEA) OFFICE. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE LEA OFFICE BY MEANS OF A SUPPLEMENTAL REPORT.					
LOCAL EDUCATIONAL AGENCY (LEA)				SCHOOL	
SCHOOL ADDRESS				TELEPHONE NO.	
INJURED PARTY'S NAME			SEX	AGE	GRADE
HOME ADDRESS			DAY TELEPHONE		HOME TELEPHONE
WHERE DID ACCIDENT OCCUR?			DATE		TIME
HOW DID ACCIDENT OCCUR?					
STATEMENT OF INJURED PARTY					
EMPLOYEE IN CHARGE OF INJURED STUDENT AT TIME OF ACCIDENT:			WAS EMPLOYEE PRESENT AT THE TIME OF ACCIDENT?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
WAS ANY SCHOOL RULE VIOLATED?		IF SO, EXPLAIN			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME		WITNESSES PRESENT AT TIME OF ACCIDENT ADDRESS			TELEPHONE
NATURE OF INJURY					DISABLED?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST AID APPLIED?	BY WHOM?		HAVE PARENTS CONTACTED SCHOOL?		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DISPOSITION OF INJURED PARTY (RETURN TO CLASS, HOME, DOCTOR, HOSPITAL)			NAME OF PERSON NOTIFIED		
LIST NAME OF STUDENT'S SCHOOL ACCIDENT INSURANCE COVERAGE			BY WHOM NOTIFIED?	DATE	TIME
COMMENTS					
REPORT SUBMITTED BY		POSITION		TELEPHONE	DATE



OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805 385-1501 • www.oxnardsd.org

PROCEDURE FOR REPORTING STUDENT INJURY, SCHOOL INCIDENTS & ACCIDENTS

Instructions

When a student injury, school incident, accident, or emergency 911 calls are made, notify immediate supervisor, and Superintendent and Ms. Lydia Lugo-Dominguez at (805) 385-1501 extension 2034, 2032.

1. Provide first aid to student or injured person to get situation under control as needed.
2. Call 911 if person is severely injured, difficulty breathing, shortness of breath, seizures, unconsciousness, severely bleeding etc.
3. Any incidents, accident reports related to the school or students injuries, hospitalization, and other situation or accident that required police, nurse and/or counselor support be sure to notify Superintendent Office and Ms. Lydia Lugo-Dominguez ext. 2034, 2032.
4. Complete the "Report of Personal Accident" (SFA 4010, Rev. 5/1/2019) form on ALL student, injury or accidents, regardless of the seriousness of the accident. It is important that the report be completed and mailed to Risk Management on the same day that the incident occurred.
5. If the accident or injury is serious, fatal, parent/guardian upset or the injury resulted from a hazard that needs to be corrected contact Supervisor, Principal and/or Risk Management immediately. The Risk Management number is (805) 385-1501 ext. 2445 and fax the report to (805) 385-1523 on the same day.
6. The report should be completed by the teacher, supervisor or principal. Statements by any witnesses, Instructional Asst., Nurse, or other staff can be completed on a separate form.
7. Secure as much factual information at the scene of the incident as possible. Any evidence involved in a student accident must be preserved (if possible take out-of-service) and identify as evidence.
8. The Report of Personal Accident is a confidential, client/attorney privileged document. Do not make and/or retain copy of this report at the site or give copies to the injured party.
9. Follow the school's procedure regarding contacting the parent/guardian. Refer upset parents/guardians to Supervisor, Principal and/or Risk Management ext 2443/.
10. If pertinent information becomes available at a later date, send a supplemental report to Risk Management. Label supplemental reports as follows: ***"The following report is being prepared contemplating use by defense counsel and is considered privileged information."***
11. Make no promises regarding reimbursement for medical expenses or replacement of damaged property. Refer all requests for such payment to Supervisor, Principal and/or Risk Management.