



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## VICTOR VALLEY UNION HIGH SCHOOL DISTRICT ATHLETIC PARTICIPATION CODE

Participation in athletics in the Victor Valley Union High School District (VVUHSD) means more than competition between individuals or teams representing different high schools. It teaches fair play, sportsmanship, understanding, and appreciation of teamwork. A strong commitment and hard work is a path that leads to success. Participation on an athletic team is a privilege that is extended to every student who is eligible under regulations set up by State CIF and VVUHSD. With every privilege comes responsibility. The conduct of a VVUHSD athlete is closely observed by many people. An athlete is representative of a team, the school and the community. It is important, therefore, that a VVUHSD athlete be at all times and in all places, a gentleman or lady. Any situation not specifically covered in this code will be referred to the Athletic Director. The following rules, which are a reflection of the school's philosophy, are in effect during the school year.

### **Extra-Curricular Activity Eligibility Rules**

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

### **Rules and Regulations to Participate in Sports**

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

#### **Ok-to-Post Requirements for First Sport:**

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

#### **Ok-to-Post Requirements for 2<sup>nd</sup> or 3<sup>rd</sup> Sport:**

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

#### **Try-Out Requirements:**

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

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

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

An athlete must notify the coach immediately if he/she considers dropping from a squad. Dropping without consulting the coach shall result in the immediate suspension from athletics for the rest of the season of that sport. Any athlete, who is a member of a team for twenty practices (beginning from the day he/she reports – 20 days later) and quits the squad after this time, will be ineligible for another sport until the end of the season of the sport he/she quits. This would include team play-offs in CIF.

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

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

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

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

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



## Concussion and Opioid Information Sheets



Keep The Attached Information Pages  
For Future Reference.

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

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

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

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

**SPORT(S):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
**School(s) of attendance during previous school year**

\_\_\_\_\_  
**Current Grade**

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

\_\_\_\_\_  
**Athlete Signature**

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

(Please Print Clearly other then Signatures)

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

**PRIVATE (PRIMARY) INSURANCE**

Co. Name _____	Pre-authorization phone # _____
Insurance Company Address _____	
Insured _____	Group# _____
Policy# _____	
My son / daughter is covered by the above insurance policy. Yes / No	

Medical Facility of Choice: _____
Known Allergies (drug,food,insect,etc...) _____
Medications (inhaler, insulin etc...) _____
Special Medical Problems _____

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

I do hereby authorize VVUHSD athletic trainers or school representative on my behalf to consent to any medical treatment deemed necessary, by any licensed physician / surgeon in the event of illness or injury to the above named minor.

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

If, in the judgement of any representative of the school, the above named student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the athletic trainer or school representative upon completion of treatment.

Parent / Guardian Signature _____	Student Signature _____	Date _____
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10/14

Student Name: \_\_\_\_\_

Packet Expiration Date: \_\_\_\_\_  
(office use only)

\_\_\_\_\_  
Student Store

\_\_\_\_\_  
Library



**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

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

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Student ID \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

	Yes	No		Yes	No																		
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>																		
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever gotten unexpectedly short of breath with exercise? Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>																		
3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>																		
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Do you have any allergies that would require an EpiPen?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>																		
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden unexpected death before age 50? Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart Problems? Has a physician ever diagnosed you with Rhabdomyolysis or Sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	11. Do you have any missing or non-functioning paired organs?	<input type="checkbox"/>	<input type="checkbox"/>																		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>																		
7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, How many? _____ When was the last concussion? _____ How severe was each one? (Explain below) Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  If yes, check appropriate box and explain below.  <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td></td> <td><input type="checkbox"/> Foot</td> </tr> </table>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm		<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf																					
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																					
<input type="checkbox"/> Upper Arm		<input type="checkbox"/> Foot																					
			14. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>																		
			15. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>																		
			16. Are you under a doctor's care for a current condition?	<input type="checkbox"/>	<input type="checkbox"/>																		
			<b>Females Only</b>																				
			17. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____																				

**Explain All Yes Answers in the Box Below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

# Pre-participation Physical Examination

(Please Print except for signatures)

Student's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_ Personal Dentist: \_\_\_\_\_

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

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

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

Hernia: \_\_\_\_\_

Description of abnormal findings: \_\_\_\_\_

## Orthopedic

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

Description of abnormal findings: \_\_\_\_\_

- No Restrictions - May Participate in all activities.
- Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_
- Not Cleared for:     Collision     Contact
- Non-Contact: \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately Strenuous \_\_\_\_\_ Non Strenuous \_\_\_\_\_

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

Stamp or Print Name & Address of Physician:

Date of Examination: \_\_\_\_\_

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

Physician Lic. # \_\_\_\_\_

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



## VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

### PARENT INFORMED CONSENT

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

#### **All Sports**

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

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

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instructions, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

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

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

If any of the foregoing is not completely understood, please contact your school Athletic Director for further information.

**SIGNATURE ON THIS FORM ACKNOWLEDGES THAT WE HAVE READ AND UNDERSTAND THE MATERIAL CONTAINED IN THE NOTICE TO ATHLETES AND PARENTS OR GUARDIANS.**

\_\_\_\_\_  
Student Name - PRINT

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Code of Ethics - Athletes

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

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

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

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

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

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

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Printed Name of Student Athlete

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Signature of Student Athlete

Date

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Signature of Parent/Caregiver

Date

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



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

A. All athletes must abide by all regular school policies as designated by the district's Athletic Department Code of Conduct form, and the High School Athletic Association. All athletes and coaches must adhere to these policies during the full duration of their season including all conditioning sessions and the post-season competitions (play-offs).

B. Appropriate care must be taken of all equipment, school facilities, and properties. Athletes shall be held financially responsible for any damage or loss through their negligence, at the replacement cost.

C. All athletes shall report any injuries or illness to their respective coaches immediately upon occurrence.

D. Before athletes are permitted to engage in any practice, they must have on file with the athletic director the following:

1. Emergency medical release forms
2. Completed physical examination and Health History forms
3. Insurance or proof of purchase of school insurance
4. Helmet waiver (football only)
5. Personal information form
6. Concussion Information
7. Both VVUHSD and CIF Code of Conduct declarations

E. The athlete shall be expected to attend all required practices, meetings, and contests. The appropriate coach shall be notified of an absence. No season is over until all contests, state sponsored tournaments, or meets have been completed by the team or individuals. Refusal to participate through the end of the season shall result in the loss of any awards or recognition.

F. Athletes quitting a sport must clear all responsibilities and obligations with the coach of that sport. Participation in the next sport cannot start until the previous sport season is completed.

G. Athletes who are under any type of medication shall have on file with the coach (or athletic director) a note from the parent/guardian and/or doctor.

H. All athletes shall abide by all regular school policies and by the code on student suspensions, expulsions, and removals that was adopted by the Board of Education.

I. Athletes who engage in any criminal activity or violations of civil law may be denied participation in an extracurricular program. Recognizing the varying degrees of the severity of the violations (misdemeanors vs. Felonies), consequences for such involvement may result in a minor reprimand or denial of participation depending upon the nature of the offense.

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

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

The athletic department also identifies the following stipulations:

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

It is the policy of the athletic department and coaching staff that any action taken by a coach, under the general rules and regulations, against an athlete can result in an indefinite suspension of the athlete from that team. An infraction must be observed by a staff member, coach, chaperone, school administrator, school board member, a member of any law enforcement agency, or the parent of the athlete in violation. In the event of any infraction of these policies or rules, the following procedures will take place:

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

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

_____ Student Athlete's Printed Name	_____ StudentAthlete's Signature	_____ Date
_____ Parent's Printed Name	_____ Parent's Signature	_____ Date

**CALIFORNIA EDUCATION CODE**  
**SECTION 44811**

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

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

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

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

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

- (1) Upon the first conviction, by a fine of not less than five hundred dollars (\$500) and not more than one thousand dollars (\$1,000), or by imprisonment in a county jail for not more than one year, or by both the fine and imprisonment.
- (2) Upon a second conviction, by imprisonment in a county jail for a period of not less than 10 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars (\$1,000). The defendant shall not be released on probation, or for any other basis until he or she has served not less than 10 days in a county jail.
- (3) Upon a third or subsequent conviction, by imprisonment in a county jail for a period of not less than 90 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars (\$1,000). The defendant shall not be released on probation, or for any other basis until he or she has served not less than 90 days in a county jail.
- (4) Upon a showing of good cause, the court may find that for any mandatory minimum imprisonment specified by paragraph (2) or (3) of this subdivision, the imprisonment shall not be imposed, and the court may grant probation, or the suspension of the execution or imposition of the sentence.

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**Parent's Signature**

**Date**

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**Parent's Signature**

**Date**

# Keep Their Heart in the Game

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

### What is sudden cardiac arrest?

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

### How common is sudden cardiac arrest in the United States?

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

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING**  
is the  
**#1 SYMPTOM**  
OF A HEART CONDITION

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

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

### What is an AED?

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



## The Cardiac Chain of Survival

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

### Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.  
Gasping, gurgling, snorting, moaning or labored breathing noises.  
Seizure-like activity.

### Early Access to 9-1-1



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

### Early CPR



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

### Early Defibrillation



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

### Early Advanced Care



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

# Keep Their Heart in the Game

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

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

### Potential Indicators That SCA May Occur

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

### Factors That Increase the Risk of SCA

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

### What is CIF doing to help protect student-athletes?

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

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

Student/Athlete Signature

Student/Athlete Printed Name

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

For more information about Sudden Cardiac Arrest visit

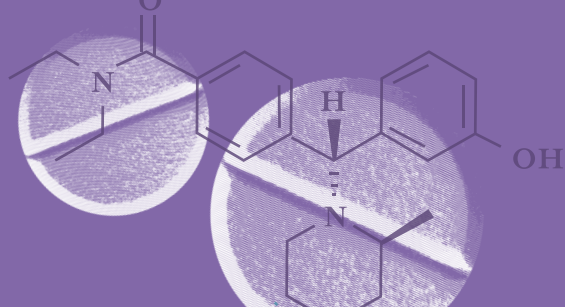
California Interscholastic Federation  
<http://www.cifstate.org>

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

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



# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



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

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

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

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

As many as  
**1 in 4**  
PEOPLE\*



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

\* Findings from one study

## RISKS ARE GREATER WITH:

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

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

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



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

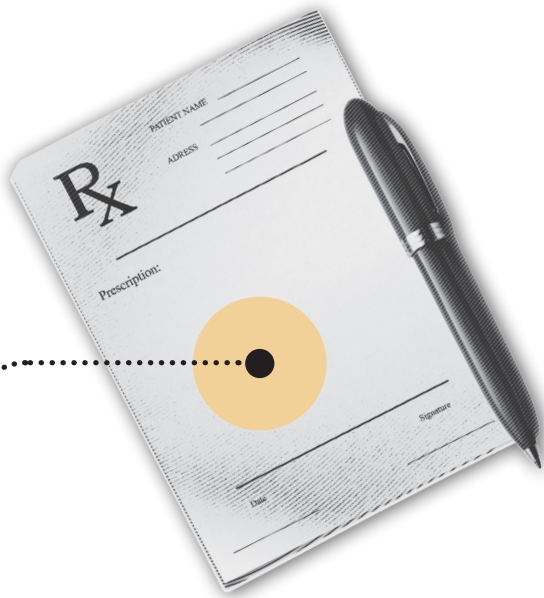


American Hospital  
Association®

## KNOW YOUR OPTIONS

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

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



### Be Informed!

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



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

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



# Concussion Information Sheet



## **Why am I getting this information sheet?**

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

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

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

## **What is a concussion and how would I recognize one?**

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

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

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

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

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

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

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

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



**Signs observed by teammates, parents and coaches include:**

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

**Symptoms may include one or more of the following:**

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

**What is Return to Learn?**

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

**How is Return to Play (RTP) determined?**

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

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

**Final Thoughts for Parents and Guardians:**

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

*References:*

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

**Please Keep This Concussion Information Sheet for Future Reference.**