

HAPPY VALLEY Est. 1954

UNION SCHOOL DISTRICT

Athletics Participation Packet

.....
** Must be filled out completely for athlete to tryout for any sport **



Contents (ELEMENTARY SCHOOL)

- Voluntary Activities Participation Form
- Must include Policy/ID Number on 2rd Page
- Parent and Spectator Sport Code of Conduct
- Authorization for Emergency Medical Treatment
- Sudden Cardiac Arrest and Concussion Forms
- Prescription Opioids: What you Need to Know
- CIF Heat Illness Information Sheet
- Grade/Behavior Expectations

Contacts

Athletic Director: Corey Francescut
- cfrancescut@hvusd.net

Principal: Chris Nelson
- cnelson@hvusd.net

Both can be reached at (530) 357-2111

Athlete's Name _____

**HAPPY VALLEY UNION ELEMENTARY SCHOOL DISTRICT
ATHLETICS / SPORTS
VOLUNTARY ACTIVITIES PARTICIPATION**

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____ to participate in the Happy Valley Union Elementary School District sponsored activities of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the Happy Valley Union Elementary School District for course credit or for completion of graduation requirements.

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 which may be associated with participation in such activities.

I understand, acknowledge, and agree that the Happy Valley Union Elementary School District, its elected or appointed officials, employees, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Happy Valley Union Elementary School District before a student will be allowed to participate in the above extracurricular activities.

ATHLETIC TEAM MEMBERS INSURANCE

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury.

**ATHLETIC INSURANCE WAIVER
AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT**

I have private health insurance that meets the requirements under the California Education Code Section 32221.

Athletic Team/Sport: _____

Student's Name: _____

Insured Name: _____

Insurance Company: _____

Policy/I.D. Number: _____

In the event of an injury or illness to _____ while participating on the athletic team, I do hereby authorize the Happy Valley Union Elementary School District, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

Parent/Guardian signature: _____ Date: _____

Emergency numbers:	Contact	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HAPPY VALLEY ELEMENTARY SCHOOL
PARENT CONTRACT &
PARENT & SPECTATOR SPORT CODE OF CONDUCT**

Children's sports are supposed to be fun – for the children. Unfortunately, many parents, fans and coaches don't realize that their actions, whether verbal or nonverbal, can have a lasting emotional effect on children. Too many children are leaving sports activities because adults unfairly take the fun away.

The following Code of Conduct for parents and spectators has been adapted from the National Youth Sports Foundation. We expect all parents, spectators, and coaches to abide by this simple code and help reinforce what sports are all about...**BEING FUN FOR EVERYONE.**

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles; trustworthiness, respect, responsibility, fairness, caring, and good citizenship.

Participating on a team is a commitment, not only by the participants but the parents. The Snack Bar generates the majority of our funding dollars which provides uniforms, equipment along with the ability to participate in tournaments. This is **extremely** important to our Athletic Program. By signing this contract, I agree to the following:

1. I will remember that children participate to have fun and that the game is for youth, not adults.
2. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice or other sporting event.
3. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands/ or using profane language or gestures.
4. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
5. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, gender, or ability.
6. I will respect the officials and coaches and their authority during games and will never question, discuss, or confront officials or coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
7. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
8. **I/we will provide an adult worker for a minimum of one shift in the Snack Bar for each child participating on a team. Scheduling will be done in a way that you will not miss your child's game.**
9. **I/we will understand that I/we are responsible for finding a substitute worker in the event that I/we are unable to fulfill our Snack Bar commitment.**

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to, the following:

- Verbal warning by official, head coach, Athletic Director, and or school administrator.
- Parental game suspension.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



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. *CIF rules require 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 separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and 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?

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

PREVENTION There are several ways to try to prevent heat illness:

ADEQUATE HYDRATION

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

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 equipped).

ADDITIONAL PREVENTION MEASURES

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>.



Parent/Student CIF Heat Illness Information Sheet



HEAT EXHAUSTION

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

TREATMENT OF HEAT EXHAUSTION

Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated 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 core body temperature greater than 107 degrees Fahrenheit. **Signs observed by teammates, parents, and coaches include:**

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

TREATMENT OF HEAT STROKE

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

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.

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 across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness 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

Sudden Cardiac Arrest (SCA) and Concussion Parent/Student 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.

The Law

On September 29, 2016, Governor Brown signed into law AB 1639, known as the Eric Paredes Sudden Cardiac Arrest Prevention Act, which added Sections 33479-33479.9 to the Education Code relating to pupil safety. The new law will go into effect on July 1, 2017, and will affect public schools, charter schools and private schools that offer athletics programs.

The law requires that a pupil 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, be removed from participation at that time by the athletic director, coach, athletic trainer or authorized person (an employee, volunteer, or contractor authorized to provide health or medical services to pupil athletes).

Return to Play (RTP)

The California Interscholastic Federation (CIF) amended its bylaws to include language that adds SCA training to coach certification, practice, and game protocol that empowers coaches, athletic trainer, or authorized person to remove from play a student athlete who exhibits fainting, seizures, unexplained shortness of breath, chest pains, dizziness, racing heart rate or extreme fatigue. 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 in writing 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.

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Concussion

A concussion is a type of traumatic brain injury that is caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Although there may be cuts or bruises on the head or face, there may be no other visible signs of a brain injury. You do not have to pass out (lose consciousness) to have a concussion. Some people will have obvious symptoms of a concussion, such as passing out or forgetting what happened right before the injury. However, other people may not experience such obvious symptoms.

Causes of a Concussion

Your brain is a soft organ that is surrounded by spinal fluid and protected by your hard skull. Normally, the fluid around your brain acts like a cushion that keeps your brain from banging into your skull. However, if your head or your body is hit hard, your brain can crash into your skull and be injured. 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.

Symptoms of a Concussion

Symptoms of a concussion fit into four main categories:

1. Thinking and remembering

- Not thinking clearly
- Feeling slowed down
- Not being able to concentrate
- Not being able to remember new information

2. Physical

- Headache
- Fuzzy or blurry vision
- Dizziness
- Sensitivity to light or noise
- Balance problems
- Feeling tired or having no energy

3. Emotional and mood

- Easily upset or angered
- Sad
- Nervous or anxious
- More emotional

4. Sleep

- Sleeping more than usual
- Sleeping less than usual
- Having a hard time falling asleep

Young children can have the same symptoms of a concussion as older children and adults. But sometimes it can be hard to tell if a small child has a concussion. Young children may also have symptoms like:

- Crying more than usual
- Headache that does not go away

- Changes in the way they play or act
- Changes in the way they nurse, eat, or sleep
- Being upset easily or having more temper tantrums
- A sad mood
- Lack of interest in their usual activities or favorite toys
- Loss of new skills, such as toilet training
- Loss of balance and trouble walking
- Not being able to pay attention

If a concussion is suspected it is necessary to seek immediate medical attention.

The law

Currently in California, an athlete suspected of having a concussion, must be removed from play for the rest of the day or until evaluated by a licensed health care provider. The athlete may not return to athletic activity until they receive written clearance by a licensed health care provider. If an athlete is diagnosed with a concussion, he or she must go through a graduated return to play protocol of no less than seven days under the supervision of a licensed health care provider. This is not a new to many Athletic Trainers and Physicians, but may seem new to the general public. The gradual return is a step by step process to ensure a safe return and starts with light aerobic exercise progressing through sport specific exercises under the guidance of qualified personnel. For more information on the law, search Assembly Bill 2007.

Return To Play (RTP)

California law AB 2127 states that Return To Play cannot be done sooner than 7 days after evaluation by a physician who has made the diagnosis of concussion, and only after completing a graduated RTP Protocol. Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, stepwise 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.

Risk of Inaction: If your athlete is not properly diagnosed or if they return to activity too soon serious health conditions may occur. Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain has still been injured. 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.

Parent/Student Athlete Acknowledgement Statement

Parent/Guardian

I hereby acknowledge that I have received the following form my school has provided, and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms, or "Return to Play" protocols I will consult with my physician.

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Information Sheet

PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

Student Athlete

I hereby acknowledge that I have received the following from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms "Return to Play" protocols I will consult with my physician.

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Information Sheet

PRINT NAME

STUDENT ATHLETE SIGNATURE

DATE

Parent/Student Athlete Acknowledgement Statement

Parent/Guardian

I hereby acknowledge that I have received the following form my school has provided, and I have read and understand its contents. I also acknowledge that if I have any questions regarding the risks and side effects of Opioid Use I will consult with my physician.

- Prescription Opioids: What you need to know

PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

Student Athlete

I hereby acknowledge that I have received the following from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding the risks and side effects of Opioid Use I will consult with my physician.

- Prescription Opioids: What you need to know

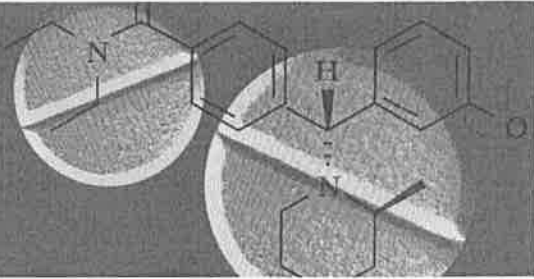
PRINT NAME

STUDENT ATHLETE SIGNATURE

DATE

****In order for your student to participate in any athletic activity this acknowledgement form MUST be turned into the school office or the Athletic Director prior to try-outs.**

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



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

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

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

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

As many as
1 in 4
PEOPLE*



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

* Findings from one study

RISKS ARE GREATER WITH:

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

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

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



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

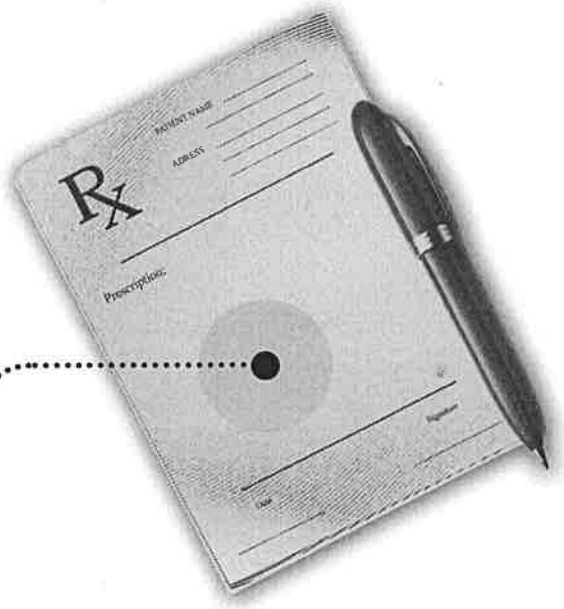


American Hospital
Association®

KNOW YOUR OPTIONS

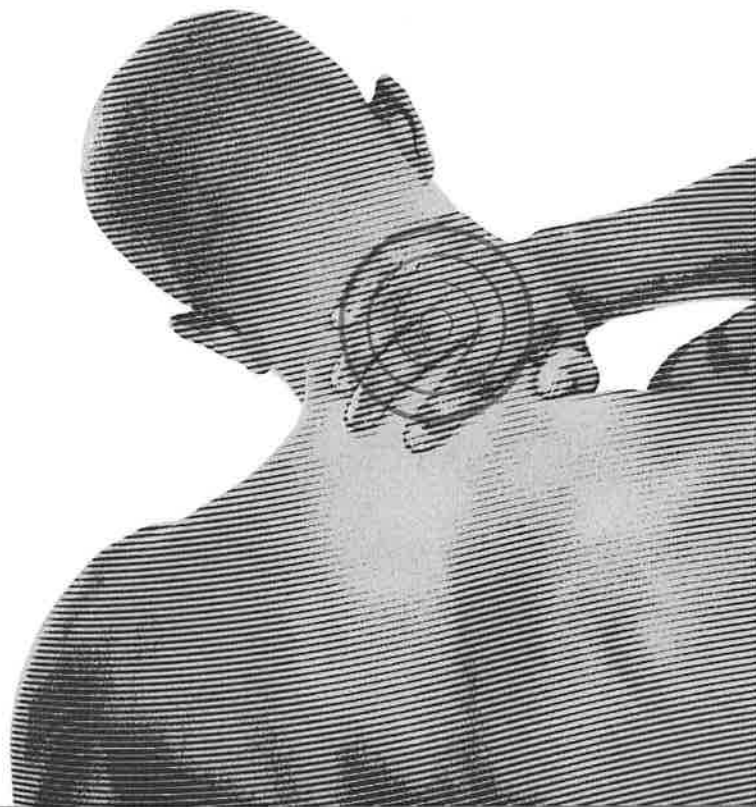
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

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



Be Informed! ←

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



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

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



Happy Valley District Office:(530)357-2134
16300 Cloverdale Rd., Anderson, CA 96007
Happy Valley Elementary School (530)357-2111
17480 Palm Avenue, Anderson, CA 96007
Happy Valley Primary School(530)357-2131
16300 Cloverdale Lane, Anderson, CA 96007

Superintendent/Primary School Principal – Gina Murphy
Elementary School Principal- Chris Nelson

Governing Board: Nate Echols, Cheryl Frazer, Carla Perry, Jodi Shearman, Billy Soksoda

HAPPY VALLEY ATHLETIC CONTRACT

I understand that my status as an athlete on the Happy Valley School team is dependent upon me maintaining reasonable grades and behavior. A "C" average is required in the classroom, and my behavior needs to be better than the non-athletes because I represent the school whether on or off the field/court.

If I receive either an "F" or a GPA lower than a 2.0 this school year, it will result in an academic contract. I will be ineligible to participate in games and will get a weekly progress report to my coach. If I have not shown sufficient progress, I will be asked to turn in my uniform and I will no longer be a member of the team.

School Year

Student/Athlete Name

Grade Level

Parent/Guardian Name

Parent/Guardian Signature

Coach Signature

Principal Signature