



395 B Street • South San Francisco, CA 940080 • 650-877-8700 • ssfusd.org

ATHLETIC CLEARANCE PACKET

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SCHOOL CONTACTS:

Name	School	Title	Email
Jeffrey Cosico	El Camino High School	Athletic Director	jcosico@ssfusd.org
Matt Schaukowitch	South San Francisco High School	Athletic Director	mschaukowitch@ssfusd.org

STUDENT INFORMATION

Student Name: _____ ID #: _____ Grade: _____
 Birth date: _____ Age: _____ Gender: Male Female

SPORT SELECTIONS

Fall	Winter	Spring	Year-round
<input type="checkbox"/> Cross Country <input type="checkbox"/> Football (boys) <input type="checkbox"/> Golf (girls)	<input type="checkbox"/> Tennis (girls) <input type="checkbox"/> Volleyball (girls) <input type="checkbox"/> Water Polo	<input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Wrestling	<input type="checkbox"/> Cheer
		<input type="checkbox"/> Badminton <input type="checkbox"/> Baseball (boys) <input type="checkbox"/> Softball (girls) <input type="checkbox"/> Tennis (boys) <input type="checkbox"/> Volleyball (boys)	<input type="checkbox"/> Track/Field <input type="checkbox"/> Lacrosse <input type="checkbox"/> Swimming <input type="checkbox"/> Golf (boys)

MEDICAL INSURANCE DECLARATION

California law requires each student that will be participating in athletics to have at least \$1,500 of medical and hospital insurance to cover bodily injury while engaged in, training for, and being transported to or from an athletic event under school or student organization sponsorship. This is to confirm that the insurance in force on the student athlete meets or exceeds the requirements outlined above.

If you do NOT carry your own personal medical/accident insurance, you can purchase it for interscholastic athletic events. Please contact your school site to inquire about this option.

Parent/Guardian Declaration of Medical Insurance

Do you carry your own personal medical insurance meeting the requirements outlined above? Yes No

*If you are not currently covered, you must contact your school site about obtaining coverage for high school athletics.

Company Name: _____ Policy/ID #: _____

RESIDENTIAL ELIGIBILITY

Your child's enrollment history determines whether an application for residential eligibility will need to be filed with the Central Coast Section (CCS). Please check the box that best explains the student/athlete's high school enrollment:

- Starting 9th Grade
- Has attended the current school for at least the past 12 months
- Transferred to the current school within the past 12 months from _____
- Foreign Exchange student enrolled in a Foreign Exchange program from _____

*Transfer and Foreign Exchange students must complete the CIF/CCS application for eligibility. Please contact to your school site for more information about the required application forms.

Parent Signature: _____ Student Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Student Name: _____ ID #: _____ Grade: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Student Email (optional): _____

Parent/Guardian Contact Information

Mother/Guardian Name: _____ Father/Guardian Name: _____

Home Address: _____

Address #2 (if applicable): _____

Phone Number/s: _____

Email Address/s: _____

Alternate Contacts (not the parent/guardian)

Name: _____ Relation: _____

Phone Number/s: _____

Name: _____ Relation: _____

Phone Number/s: _____

Name: _____ Relation: _____

Phone Number/s: _____

Name: _____ Relation: _____

Phone Number/s: _____

Risk of Injury

Many forms of athletic competitions result in intense 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. By granting permission for your daughter/son 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 athletics 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 uses and techniques.

The use of steroids is prohibited, unless the student has a written prescription from a fully licensed physician as recognized by the American Medical Association to use steroids to treat a medical condition. We recognize that under CIF Bylaw 200.0 the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

If any of the above information is not completely understood, please contact the school athletic director and/or coach for additional information.

Transportation Permission

I hereby grant permission for my student to participate in all travel from the home school to the competitor's school or competitive areas away from the home school on the dates, locations, and times as provided by the coach including early release from classes by mode of (check all that apply):

School bus Parent/volunteer driver

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

CONCUSSION INFORMATION

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 can’t 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 	<ul style="list-style-type: none"> • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns • Amnesia 	<ul style="list-style-type: none"> • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional 	<ul style="list-style-type: none"> • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question or comments
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 	<ul style="list-style-type: none"> • Moves clumsily or is not coordinated • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit 	<ul style="list-style-type: none"> • 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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

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

- A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.
- A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

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

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

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

Student-Athlete Name (Printed)

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

Part 1: (To be completed by student and parent/guardian)

Name _____ School _____ Grade _____
 Address _____ Student ID # _____
 City _____ State _____ Zip _____ Phone _____
 Age _____ Birth Date _____ Sex _____ Sport(s) _____
 Doctor's Name _____ Doctor's Phone # _____
 Health Insurance _____ Policy # _____

IMMUNIZATION RECORDS FOR THE ABOVE NAMED STUDENT MUST BE ATTACHED AND CURRENT AS REQUIRED BY CALIFORNIA STATE LAW INCLUDING THE Tdap VACCINE.

Health History (must be complete prior to the exam)

<p>Please check</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Has this student had any:</p> <p>Hospitalization?</p> <p>Surgery other than removal of tonsils?</p> <p>Missing organs (eye, kidney, testicle, etc.)?</p> <p>Allergies (to medicines, insects, foods, etc.)?</p> <p>Chest pain or severe shortness of breath with exercise?</p> <p>Problems with blood pressure or heart (i.e. heart murmur)?</p> <p>Dizziness or fainting with exercise?</p> <p>Severe or frequent headaches?</p> <p>Concussion or loss of consciousness?</p> <p>Heat exhaustion, heat stroke or other problems with heat?</p> <p>Mono, hepatitis, hemophilia?</p> <p>Diabetes?</p> <p>Seizures/convulsions?</p>	<p>Please check</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Is there a history of:</p> <p>Neck or back injury?</p> <p>Knee injury?</p> <p>Shoulder or elbow injury?</p> <p>Ankle injury?</p> <p>Dislocation of a joint?</p> <p>Catching or locking of a joint?</p> <p>Broken bones/fractures?</p> <p>Ulcers or hernias?</p> <p>Stingers/burners?</p> <p>Skin problems?</p> <p>Further History</p> <p>Has any family member died suddenly at less than 40 years of age of causes other than an accident?</p> <p>Has any family member had a heart attack at less than 55 years of age?</p>
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Use this space to explain any yes answers to the above questions.

Parent's or guardian's acknowledgment: I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate and represent his or her school in supervised athletic activities.

 Name of Parent/Guardian (Print) _____
 Signature of Parent/Guardian

 Home Phone Number _____
 Work Phone Number _____
 Date

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

Athletic Pre-Participation Screening Exam Part 2: General Exam (To be completed by examining physician)

	Normal	Abnormal (Describe)	Fill in Information:
Eyes, ears, nose, throat	<input type="checkbox"/>		Pulse: _____
Skin	<input type="checkbox"/>		BP: _____
Lungs	<input type="checkbox"/>		Height: _____
Heart	<input type="checkbox"/>		Weight: _____
Abdomen	<input type="checkbox"/>		
Genitalia/Hernia (males)	<input type="checkbox"/>		

Suggested Musculoskeletal Exam

ROM STRENGTH

	Normal	Abnormal		Normal	Abnormal	
	<input type="checkbox"/>	<input type="checkbox"/>	Cervical/Spine	<input type="checkbox"/>	<input type="checkbox"/>	Lower Extremity
	<input type="checkbox"/>	<input type="checkbox"/>	Flex/Ext	<input type="checkbox"/>	<input type="checkbox"/>	Hip
	<input type="checkbox"/>	<input type="checkbox"/>	Rotation right/left	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors/Gluteals
	<input type="checkbox"/>	<input type="checkbox"/>	Lateral flexion right/left	<input type="checkbox"/>	<input type="checkbox"/>	Add/Abd – Groin/TT
	<input type="checkbox"/>	<input type="checkbox"/>	Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	Int./Ext. Rotation
	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	Knee
	<input type="checkbox"/>	<input type="checkbox"/>	Flex/Ext	<input type="checkbox"/>	<input type="checkbox"/>	Patellar Tendon
	<input type="checkbox"/>	<input type="checkbox"/>	Rotation right/left	<input type="checkbox"/>	<input type="checkbox"/>	Tibial Tuberosity
	<input type="checkbox"/>	<input type="checkbox"/>	Lateral Flexion	<input type="checkbox"/>	<input type="checkbox"/>	MCL/LCL
	<input type="checkbox"/>	<input type="checkbox"/>	Abdominals/Obliques	<input type="checkbox"/>	<input type="checkbox"/>	ACL/PCL
	<input type="checkbox"/>	<input type="checkbox"/>	Upper Extremity	<input type="checkbox"/>	<input type="checkbox"/>	Cartilage Testing
	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Quads/Hamstrings
	<input type="checkbox"/>	<input type="checkbox"/>	Forward Flexion/Ext.	<input type="checkbox"/>	<input type="checkbox"/>	Gast/Soleus Complex
	<input type="checkbox"/>	<input type="checkbox"/>	Abduction/Adduction	<input type="checkbox"/>	<input type="checkbox"/>	Patella
	<input type="checkbox"/>	<input type="checkbox"/>	Internal/Ext. Rotation	<input type="checkbox"/>	<input type="checkbox"/>	Crepitus
	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal Abd/Add	<input type="checkbox"/>	<input type="checkbox"/>	Tracking
	<input type="checkbox"/>	<input type="checkbox"/>	A C Joint/Clavicle	<input type="checkbox"/>	<input type="checkbox"/>	Ankle
	<input type="checkbox"/>	<input type="checkbox"/>	Stability Testing	<input type="checkbox"/>	<input type="checkbox"/>	Plantar/Dorsiflexion
	<input type="checkbox"/>	<input type="checkbox"/>	Biceps Flex/Ext.	<input type="checkbox"/>	<input type="checkbox"/>	Inversion/Eversion
	<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Subtalar Joint
	<input type="checkbox"/>	<input type="checkbox"/>	Supination/Pronation	<input type="checkbox"/>	<input type="checkbox"/>	Ligament Testing
	<input type="checkbox"/>	<input type="checkbox"/>	Wrist/Hand	<input type="checkbox"/>	<input type="checkbox"/>	Feet/Toes
	<input type="checkbox"/>	<input type="checkbox"/>	General Flexibility	DOCTOR'S OFFICE STAMP HERE REQUIRED		
	<input type="checkbox"/>	<input type="checkbox"/>	Hamstrings			
	<input type="checkbox"/>	<input type="checkbox"/>	Quadriceps			
	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar Spine			
	<input type="checkbox"/>	<input type="checkbox"/>	Achilles			

Use this space to describe abnormalities.

Disposition:

- Cleared for collision, contact, and non-contact sports
- Conditional participation, limited to: _____
- No participation until: (date) _____
- No participation in any sport or physical education because of: _____

Dr. Signature: _____ License #: _____ Date: _____

CIF/CCS PURSUING VICTORY WITH HONOR

(California Interscholastic Federation/Central Coast Section)

What is Pursuing Victory with Honor?

“Pursuing Victory with Honor”, in its essence, will provide the tools to teach character development skills to the student-athletes of California high schools.

“Pursuing Victory with Honor” came about through the Arizona Accord Conference, where major sports and educational leaders met in Scottsdale, Arizona to discuss the ethical and character-building aspects of the athletic competition, with the hope that the framework of principles and values set forth would be adopted and practiced widely. The Josephson Institute of Ethics, CHARACTER COUNTS! Coalition and the United States Olympic Committee convened the conference on May 12-14, 1999. Invited to attend were 50 major sports leaders including Olympian John Naber, coaching legend John Wooden, NBC commentator, Bob Costas, CIF Executive Director Jack Hayes, college and university presidents, collegiate coaches and athletic directors from major universities, Olympic coaches and athletes, representative of the national sports media and national youth organizations.

The CIF unanimously adopted the principles of “Pursuing Victory with Honor” at its November 5, 1999 Federated Council meeting, consisting of educational leaders representing California’s 1263 high schools. The CIF and CCS recognizes the impact that high school athletics can play on society and is committed to the character-building goals of the program. In fact, the CIF felt so strongly about the 16 principles of the program that these have been made the operating principles of the organization.

Together, the CIF, the Sections and its member schools can change the very nature of high school athletics and bring back the character, sportsmanship, ethics and integrity that high school sports can instill

The 16 Principles of Pursuing Victory with Honor:

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these “six pillars of character.”
2. It’s the duty of School Boards, superintendents, school administrators, parents and school sports leadership - including coaches, athletic administrators, program directors and game officials - to promote sportsmanship and foster good character by teaching, enforcing, advocating and modeling these “six pillars of character.”
3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.
4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules and they must conduct themselves, on and off the field, as positive role models who exemplify good character.
5. School Boards, superintendents, school administrators, parents and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents and spectators.
6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.
7. The importance of character, ethics and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.
8. School Boards, superintendents, school administrators, parents and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.
9. School Boards, superintendents, principals, school administrators and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical and ethical well-being of student-athletes is always placed above desires and pressured to win.
10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.
11. Everyone involved in competition including parents, spectators, associated study body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting and inappropriate celebrations.
12. School Boards, superintendents, and school administrators of CIF-member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of:

- 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character. 2) The physical capabilities and limitations of the age group coached as well as first aid. 3) Coaching principles and the rules and strategies of the sport.
13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.
 14. To safeguard the health of athletes and the integrity of the sport, school sports program must actively prohibit the use of alcohol, tobacco, drugs and performance-enhancing substances, as well as a demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
 15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school's name or reputation. There should be no undue influence of commercial interests. In addition, sports programs must be prudent, avoiding undue dependency on particular companies or sponsors.
 16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimensions of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring and good citizens.

The Six Pillars of Character:

1. **Trustworthiness:** be worth of trust in all I do. **Integrity:** live up to high ideals of ethics and sportsmanship. Always pursue victory with honor. Do what's right even when it's unpopular or personally costly. **Honesty:** live and compete honorably. Don't lie, cheat, steal, or engage in any other dishonest/unsportsmanlike conduct. **Reliability:** fulfill commitments. Do what you say you will do. Be on time to practices and games. **Loyalty:** be loyal to your school and team. Put the team above personal glory.

The Six Pillars of Character Continued:

2. **Respect:** treat all people with respect all the time. Require the same of other student-athletes.
Class: live and play with class. Be a good sport. Be gracious in victory and accept defeat with dignity. Give fallen opponents help. Compliment extraordinary performance. Show sincere respect in pre/post-game rituals.
Disrespectful Conduct: don't engage in disrespectful conduct of any sort including profanity, obscene gestures, and offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
Respect Officials: Treat contest officials with respect. Don't complain about or argue with official calls/decisions during or after an athletic event
3. **Responsibility:**
Importance of Education: be a student first and commit to getting the best education you can. Be honest with yourself about the likelihood of getting an athletic scholarship or playing on a professional level. Remember that many universities will not recruit student-athletes who do not have a serious commitment to their education, the ability to succeed academically, or the character to represent their institution honorably.
Role-Modeling: Participation in sports is a privilege, not a right. Students are expected to represent their school, coach, and team with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.
SUSPENSION OR TERMINATION OF THE PARTICIPATION PRIVILEGE IS WITHIN THE SOLE DISCRETION OF THE SCHOOL ADMINISTRATION.
Self-Control: exercise self-control. Don't fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to retaliate.
Healthy Lifestyle: safeguard your health. Don't use any illegal or unhealthy substances including alcohol, tobacco, and drugs. Don't engage in any unhealthy techniques to gain, lose, or maintain weight.
Integrity of the Game: protect the integrity of the game. Don't gamble. Play the game according to the rules.
4. **Fairness:** live up to high standards of fair play. Be open-minded. Always be willing to listen and learn
5. **Caring:**
Concern for others: demonstrate concern for others. Never intentionally injure any player or engage in reckless behavior that might cause injury to yourself or others.
Teammates: help promote the well-being of teammates by positive counseling and encouragement of by reporting any unhealthy or dangerous conduct to coaches.
6. **Citizenship:**
Play by the Rules: maintain a thorough knowledge of, and abide by, all applicable game and competition rules.
Spirit of Rules: honor the spirit and the letter of rules. Avoid temptations to gain competitive advantage through improper sportsmanship techniques that violate the highest traditions of sportsmanship.

**PENINSULA ATHLETIC LEAGUE
HIGH SCHOOL ATHLETICS CODE OF CONDUCT
FOR PARENTS AND ATHLETES**

It is the duty of all concerned with high school athletics to emphasize the proper ideals of sportsmanship, ethical conduct, and fair play. Athletes, parents and all spectators are expected to respect the integrity and judgment of officials, to show courtesy to visiting teams, and to recognize that an athletic contest is only a game, the purpose of which is to promote the physical, mental, moral, social and emotional well-being of the individual athletes.

Please read the specific behavior guidelines below established for parents and student athletes. Your signature below signifies your willingness to respect and abide by the CIF "Code of Ethics." A signed copy is required to participate in athletics in the South San Francisco Unified School District.

STUDENT ATHLETES CODE OF CONDUCT

- I will emphasize the proper ideals of sportsmanship, ethics, conduct, and fair play.
- I will show courtesy to visiting teams and officials.
- I will understand thoroughly the rules of the game.
- I will remember that an athletic contest is only a game.
- I will refrain from the use of language that degrades, intimidates or is profane.
- I will refrain from the use of drugs, alcohol and tobacco in any form.
- I will give complete allegiance to my coach, who is the sole instructional authority for my team. I will discourage fans, fellow students, and parents from undercutting my coach's authority.
- I will refrain from criticism of my teammates.
- I will refrain from any activity that may incite spectators.

PARENT CODE OF CONDUCT

- I will emphasize the proper ideals of sportsmanship, ethical conduct, and fair play.
- I will remember that an athletic contest is only a game.
- I will show courtesy to visiting teams and officials.
- I will not criticize officials, direct abuse or profane language toward them or otherwise undermine their authority.
- I will not indulge in criticism that would undermine the authority of the coach.
- I will direct all of my criticism to the proper school administrator.
- I will keep a positive outlook on the school's athletic program.
- Constructive criticism for the program will be directed to the athletic director or the school administration.
- I will not enter onto the field or court, stand on the sidelines, or yell from the bleachers to coach or provide instructions for my son/daughter or other members of the team.

I UNDERSTAND INFRACTIONS OF THE ABOVE WILL JEOPARDIZE MY ATTENDANCE AT FUTURE HIGH SCHOOL ATHLETIC CONTESTS.

Student-Athlete Name (Print)

Student-Athlete Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

ATHLETIC ELIGIBILITY REQUIREMENTS

Athletic Packet Completion:

- 1. This athletic packet must be completed in its entirety and be verified by the school.

Academic Eligibility Criteria:

- 1. Must maintain a minimum 2.0 unweighted GPA (4.0 scale) for each grading period. The most recently completed grading period is used to determine academic eligibility.
- 2. Must pass at least 20 credits during each grading period.
- 3. May not have more than one failing grade in any grading period.

Residential Eligibility Requirement:

All transfer and foreign exchange students are ineligible for athletic competition until the appropriate paperwork have been filed and approved. See the Athletic Director and your child’s school for more information.

Outside Team Participation:

Note: Students and parent/guardians, be aware of CIF Rule 600 which states, “A student on a high school team becomes ineligible if the student competes in a contest on an ‘outside’ team, in the same sport, during any part of the student’s high school season of sport, including post season CIF/CCS events

Age Requirement:

No student, whose 19th birthday is attained prior to June 15, shall participate or practice on any team in the following school year. A student, whose birthday is on or before June 14, is ineligible.

Eight Consecutive Semesters Rule:

- A. Definition of a Semester of Attendance: Enrollment and/or attendance for 15 school days or more shall count as one of the eight semesters. Participation in one or more interscholastic athletic contests shall count as one of the eight semesters.
- B. Eight Consecutive Semester Rule: A student who first enters the 9th grade of any school following the student’s completion of the 8th grade in any school may be eligible for athletic competition during a maximum period of time that is not to exceed eight consecutive semesters following the initial enrollment in any 9th grade of any school, and said eligibility must be used during the student’s first eight consecutive semesters of enrollment at that school or any other school.

CIF Pursuing Victory with Honor and PAL Code of Conduct

All student-athletes and parents must abide by the principles of Pursuing Victory with Honor and the Code of Conduct. Athletic participation and/or attendance and athletic contests may be prohibited if an individual fails to comply.

PARENT/GUARDIAN & STUDENT STATEMENT OF COMPLIANCE

I have read, understand, and agree to abide by all rules and policies of the athletic department including: (please initial)

- _____Medicial Insurance _____Residential Eligibility _____Risk of Injury
- _____Transportation Permission _____Concussion Information _____Pre-Participation Screening Exam
- _____Pursuing Victory with Honor _____Code of Conduct _____Athletic Eligibility Requirements

I UNDERSTAND THAT I AM EXPECTED TO PERFORM ACCORDING TO THESE CODES AND POLICIES, AND I UNDERSTAND THAT THERE MAY BE SANCTIONS OR PENALTIES IF I DO NOT.

Student-Athlete Name (Print)

Student-Athlete Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date