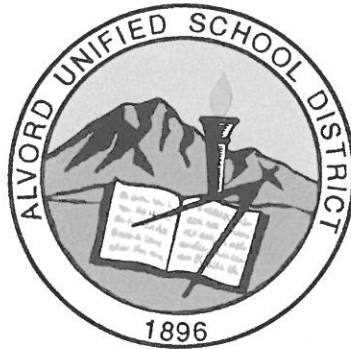


Alvord Unified School District



ATHLETIC CLEARANCE

ALVORD UNIFIED SCHOOL DISTRICT ATHLETIC PARTICIPATION CLEARANCE

The following steps must be taken to secure athletic clearance and participation at Alvord Unified School District high schools.

- 1) Complete and **sign every part** of this application.
- 2) Complete a Physical Examination (one athletic physical is required every 12 months).
- 3) Complete an Emergency Medical Information Card. (a new card is required for each new season of sport)
- 4) Read, understand and sign the Alvord Unified School District Concussion Information Sheet, CIF Athletic Code, Alvord Athletic Code and the Pursuing Victory With Honor.
- 5) Student/Athletes are greatly urged to purchase an ASB card.
- 6) All of the above materials must be presented to the Athletic Director and be on file at the Athletic office. No tryouts, practice or game participation may take place until receiving approval from the Athletic Director. **FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN THE DELAY OF APPROVAL TO PARTICIPATE.**

NAME
LAST

FIRST

MI

GRADE

ALVORD UNIFIED SCHOOL DISTRICT ATHLETE'S REGISTRATION CARD

Student I.D.# _____

Name: _____ Sex: _____ Grade: _____ Date: _____

Address: _____ Age: _____ Date of Birth _____

City: _____ Zip Code: _____ Phone#: _____ Social Security #: _____

Father's name: _____ Employer: _____ Phone#: _____

Mother's name: _____ Employer: _____ Phone#: _____

School attended previous semester: _____ Birthplace: _____

TO PARENTS OR GUARDIANS: You are requested to sign this participation form in order that the student concerned may engage in an extra curricular activity. Participation forms are not required in the case of curricular or regular school activities because of provisions that are made by the Board of Education. Constitutional and statutory provisions deny the right of this Board to make similar provisions for extracurricular activities, hence the requirement for special participation approval.

The Board of Education deems many of the extracurricular activities to be worthy for students but does not require them of students. These activities are **voluntary** on the part of students and a signed participation form is necessary before participation. No penalty other than non-participation will be assessed if the participation form is not signed.

PARENT AUTHORIZATION: In signing this form I/we are aware that this activity is an extracurricular activity held under school supervision. It is not a required activity. I/We understand that the Board of Education, the school district or its employees will not be held liable for injuries resulting from participation of my child in this activity or from transportation related thereto.

Who is the student living with? Both Parents One Parent Guardian Other _____

In addition to the above, I/we received and retained a copy of the Alvord Unified School District Athletic Code which has been read by the student and ourselves. We agree to follow the rules therein. If we have any questions or need further explanation, we will contact the Athletic Director. Our signatures on page 3 verify we have received and retained a copy of the Alvord Unified School District Athletic Code.

INTERSCHOLASTIC ATHLETIC INSURANCE CERTIFICATION

Before your son/daughter is eligible to participate in interscholastic athletics, insurance coverage according to the Education Code Sections 32220 through 32224 must be obtained by you for the student who expects to participate. Please read carefully the following affidavit, and if you presently have the required coverage for your student, sign this affidavit. Check which insurance option you choose:

A.

I, _____ do hereby declare that _____
PRINT NAME OF PARENT PRINT NAME OF STUDENT

Is insured in accordance with Education Codes 32220-32224 through:
 COMPANY NAME _____ POLICY #: _____

B.

I am purchasing athletic insurance. Make check payable in accordance with the insurance pamphlet and bring it to the athletic office with the athletic clearance packet.

ALL SPORTS FOOTBALL ONLY

I further understand that the aforesaid law requires that the above coverage apply to members of athletics teams and non-competitors who perform duties in connection with inter-school athletic events while such persons are engaged in or preparing for an athletic event promoted under the sponsorship or the arrangement of the school district or student body association, and/or while such persons are being transported by or under the sponsorship of the school district or student-body association to or from school or other place of instruction and the place of the athletic event.

I declare that I will maintain this insurance or notify in writing the athletic director of cancellation. If my insurance provider changes, I will provide proof of such change within 30 days.

My signature upon this affidavit signifies that I, the parent/guardian of the athlete, will assume the cost of ambulance service in case of emergency. I understand the school **does not** pay for ambulance service.

Parent/guardian signature: _____ Date: _____

<p>CHECK ACTIVITIES IN WHICH YOU PARTICIPATE: (One sport per season) <input type="checkbox"/> Performance group (Pep Squad, Tall Flags, etc.) <input type="checkbox"/> Club Sport</p>	<p>FALL</p> <p><input type="checkbox"/> Cross Country <input type="checkbox"/> Football <input type="checkbox"/> Girls' Golf <input type="checkbox"/> Girls' Volleyball <input type="checkbox"/> Girls' Tennis <input type="checkbox"/> Boys' Water Polo</p>	<p>WINTER</p> <p><input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Wrestling <input type="checkbox"/> Girls' Water Polo</p>	<p>SPRING</p> <p><input type="checkbox"/> Boys' Baseball <input type="checkbox"/> Boy's Golf <input type="checkbox"/> Girls' Softball <input type="checkbox"/> Boy's Volleyball <input type="checkbox"/> Boys' Tennis <input type="checkbox"/> Track <input type="checkbox"/> Swimming</p>
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PARENT REVIEW FORM

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

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 may cause SCA, but they are not the same. 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 heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 7,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

☐ Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

☐ Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.

Removal from play/return to play

☐ Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.

☐ Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_____	_____	_____
Signature of Student-Athlete	Print Student-Athlete's Name	Date

_____	_____	_____
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date

Pursuing Victory With Honor*

Code of Conduct for Parents/Guardians

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"SM). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child's sports experience.

TRUSTWORTHINESS

- *Trustworthiness* — Be worthy of trust in all you do.
- *Integrity* — Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what's right even when it's unpopular or personally costly.
- *Honesty* — Live honorably. Don't lie, cheat, steal or engage in any other dishonest conduct.
- *Reliability* — Fulfill commitments. Do what you say you will do.
- *Loyalty* — Be loyal to the school and team; Put the interests of the team above your child's personal glory.

RESPECT

- *Respect* — Treat all people with respect at all times and require the same of your student-athletes.
- *Class* — Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- *Disrespectful Conduct* — Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- *Respect for Officials* — Treat game officials with respect. Don't complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

- *Importance of Education* — Support the concept of "being a student first." Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.
- *Role Modeling* — Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates

with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.

- *Self-Control* — Exercise self-control. Don't fight or show excessive displays of anger or frustration.
- *Healthy Lifestyle* — Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-the-counter nutritional supplements, as well as of unhealthy techniques to gain, lose or maintain weight.
- *Integrity of the Game* — Protect the integrity of the game. Don't gamble or associate with gamblers.
- *Sexual Conduct* — Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

FAIRNESS

- *Fairness and Openness* — Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING

- *Caring Environment* — Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team.

CITIZENSHIP

- *Spirit of the Rules* — Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.

Parent/Guardian Signature

Date

Alvord Unified School District
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to 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.”

and

“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 it's 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

California Interscholastic Federation
Athletic Code

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 objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following code is presented.

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of the 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 nonprescriptive 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.

Athlete's Signature

School

Date

Athlete Print Name

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.

Alvord Unified School District
ATHLETIC CODE

- Section 1: Each head varsity Coach has the authority to establish individual grooming rules and requirements on attendance and team conduct. All athletes in the program must adhere to these rules.
- Section 2: An athlete may leave a sport for any reason during the first ten (10) days of practice. There will be no penalty if the athlete informs the coach of his/her intention to leave that sport and athlete returns all equipment or gear issued to him/her.
- Section 3: An athlete, after passing the ten (10) day grace period, who leaves a sport without the coaches written permission, or is removed from the team due to disciplinary reasons, will be suspended for the season. If an athlete violates the athletic code a second time, the suspension will be for one (1) year.
- Section 4: An athlete who, through his/her conduct in the classroom, on campus, or off campus, damages the reputation of his/her school and/or ALVORD UNIFIED SCHOOL DISTRICT ATHLETICS shall be suspended by the Athletic Council for a minimum of one (1) calendar year from the time of the infraction.
- Section 5: Only awards and insignias authorized by the Athletic Department may be worn on athletic jackets and sweat ers. Failure to abide by this rule may result in a one (1) calendar year suspension.
- Section 6: A suspended athlete has the right to request a hearing before the Athletic Council. The Athletic Council, based on the hearing, may grant probation. A suspended athlete may be reinstated after one (1) year on the recommendation of the Athletic Council. Athletes must follow the Athletic Code to be readmitted.
- Section 7: The Athletic Council will consist of the head varsity coaches, the Athletic Director, and an administrator.
- Section 8: It is the coaches' responsibility to report to the Athletic Director any athlete who violates the Athletic Code.

I have read and understand the Athletic Code. Furthermore, I agree to abide by the Alvord Unified School District Athletic Code. I also understand that each team may have its own rules above and beyond that of the Athletic Code to which I must adhere.

Parent's Signature

Date

Student's Signature

Date

Alvord Unified School District Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You 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 • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

STUDENT HEALTH HISTORY

A. GENERAL HISTORY. Check an answer for each item

YES NO

- 1. Diabetes
- 2. Seizures
- 3. Dizziness
- 4. Bleeding disorders
- 5. Asthma, allergies
- 6. Heart Disease
- 7. Hearing problems
- 8. Taking medication (type, reason, dosage)
- 9. Any allergic reactions
- 10. Have you ever been hospitalized?

YES NO

- 11. High or low blood pressure
- 12. Hernia
- 13. Absence of a kidney
- 14. Absence of or, undescended testicle
- 15. Absence of any organ
- 16. Menstrual Disorder
- 17. Under physician's care at present
- 18. Loss of consciousness
- 19. Change in health during the past year
- 20. Give date of last tetanus shot _____

Details of any answers

B. ORTHOPEDIC HISTORY: If the student has had, or now has, any of the following areas injured please give details:

1. Shoulder, arm, elbow, wrist, fingers, or thumb injury: type/when? _____
2. Hip, knee, leg, calf, ankle, foot, or toe injury: type/when? _____
3. Head, neck, or spine injury: type/when? _____

Family Doctor: _____
 I/we verify that the above information is correct and I give permission for my child to receive a physical examination.

Date: _____	Parent/Guardian signature: _____	Phone#: _____
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STUDENT ATHLETE PHYSICAL EXAMINATION

Student: _____

A. PRE-PHYSICAL

Height: _____ Weight: _____ Blood pressure: _____ Vision: Right _____ Left _____

Dental: Braces _____ Broken or missing teeth _____ Plates _____ Glasses: YES NO _____ Anisocoria: YES NO _____
 (unequal pupils)

B. GENERAL PHYSICAL

Heart _____ Lungs _____ Abdomen _____
 Hernia _____ Varicocele _____

C. ORTHOPEDIC EVALUATION

C Spine _____ T Spine _____ L Spine _____

Hips/pelvis _____ Knees _____ Feet/ankles/toes _____

Shoulders _____ Elbows _____ Wrists/hands/fingers _____

- Approved for athletic competition
- Disapproved for athletic competition, state reason _____
- Approved for athletic competition, refer to specialist for _____
- Disapproved for athletic competition, refer to specialist for _____

_____ DATE OF PHYSICAL	_____ PRINT NAME OF PHYSICIAN	_____ SIGNATURE OF PHYSICIAN
_____ MEDICAL LICENSE #	_____ PHONE # OF PHYSICIAN	_____ ADDRESS OF PHYSICIAN

ASSUMPTION OF RISK AND RELEASE WAIVER OF LIABILITY

- A. I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include, but are not limited to, death, serious neck injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers risks of playing or practicing to play/participate in the above sports may result not only in serious injury, but in serious impairment of my future abilities to learn a living, to engage in other business, social and recreational activities, and generally to enjoy life.
- B. Because of the dangers of participating in the above sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to obey such instructions.
- C. In consideration of the Alvord Unified School District permitting me to try out for sports at Alvord Unified School District high schools and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all risks associated with participating and agree to hold the Alvord Unified School District, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Alvord Unified School District team(s). The Terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.
- D. I especially acknowledge that baseball, football, and wrestling are more dangerous sports involving even greater risk of injury than other sports.

BOTH THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN. IF THERE ARE ANY DOUBTS, QUESTIONS, OR UNCERTAINTY, CONTACT THE ATHLETIC DIRECTOR AT THE HIGH SCHOOL.

_____ SIGNATURE OF PARENT/GUARDIAN	_____ DATE
_____ SIGNATURE OF STUDENT	_____ DATE

STEROID POLICY - CONDITIONS FOR PARTICIPATION

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 (Bylaw 524).

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 also recognize that that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Alvord Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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