



# Crescenta Valley HS Falcon Athletics 2023-24

## FALL SPORTS (Early/Mid August - Mid November)

Sport	Coach	Email	Levels	Summer	Notes
Football	Hudson Gossard	hgossard@gusd.net	V/JV/F *	Yes	
Tennis (Girls)	Alex Jang	ajang@gusd.net	V/JV	Yes	
Golf (Girls)	Paul Schilling	pschilling@gusd.net	V/JV	TBD	
Volleyball (Girls)	Matt Simons	msimons@gusd.net	V/JV/F	Yes	
XCountry (B&G)	Rob Evans	revans@gusd.net	V/JV	Yes	
Water Polo (Boys)	Jan Sakonju	jsakonju@gusd.net	V/JV	Yes	
Mt Biking (B&G)	Shawn Howard	shawn@gusd.net	Varsity	TBD	Off-campus activity

## WINTER SPORTS (Mid November - Early February)

Basketball (Boys)	Shawn Zargarian	szargarian@gusd.net	V/JV/F	Yes	Practice over Winter Break
Basketball (Girls)	Michael Flot	mflot@gusd.net	V/JV/F	Yes	Practice over Winter Break
Soccer (Boys)	TBA (Paul Schilling)	TBA - pschilling@gusd.net	V/JV/F	Yes	Practice over Winter Break
Soccer (Girls)	Tyraysha DeSouza	tdezouza@gusd.net	V/JV/F	TBD	Practice over Winter Break
Water Polo (Girls)	Peter Kim	pkim@gusd.net	V/JV	Yes	Practice over Winter Break

## SPRING SPORTS (Early February - Early/Mid May)

Tennis (Boys)	Alex Jang	ajang@gusd.net	V/JV	Yes	Practice over Spring Break
Track & Field (B&G)	Rob Evans	revans@gusd.net	V/JV	No	Practice over Spring Break
Baseball	Phil Torres	ptorres@gusd.net	V/JV/F	Yes	Practice over Spring Break
Softball	Joel Curtis	jcurtis@gusd.net	V/JV/F	TBD	Practice over Spring Break
Lacrosse (Boys)	Richard Starratt	rstarratt@gusd.net	V/JV	TBD	Practice over Spring Break
Lacrosse (Girls)	Brent Ballard	bballard@gusd.net	V/JV	TBD	TBD
Golf (Boys)	Paul Schilling	pschilling@gusd.net	V/JV	No	TBD
Volleyball (Boys)	John Nelson	janelson@gusd.net	V/JV/F	Yes	Practice over Spring Break
Competitive Cheer	Lexi Hemaiden	amartindale@gusd.net	Varsity	No	TBD
Swim & Dive (Boys)	Jan Sakonju	jsakonju@gusd.net	V/JV	No	Practice over Spring Break
Swim & Dive (Girls)	Peter Kim	pkim@gusd.net	V/JV	No	Practice over Spring Break

Athletic Administrator:  
Athletic Directors:

Miguel Gonzalez  
Paul Schilling (Boys & XC/Track)  
Peter Kim (Girls & Swim/Dive)

mgonzalez@gusd.net  
pschilling@gusd.net  
pkim@gusd.net



## 2023-24 Tryout dates

Sport	Date(s) & Times	Place	Notes
Girls Volleyball	Thu 6/8 4-8PM Fri 6/9 4-6PM	Big Gym	
Girls Basketball	June 8th 12-2PM	Big Gym	
Boys Basketball	June 8th 10AM-Noon	Big Gym	
Boys Volleyball	The first week of school in the fall	Big/Small Gym	
Boys Water Polo	June 8th 9-10AM		
Girls Water Polo	June 12-July 8 3-6PM M-Th, 3-5PM Fri		(4-week summer camp will be your tryout.)
Boys Swimming	Mid Nov-Early Dec.		Bulletin announcement
Girls Swimming	Mid Nov-Early Dec.		Bulletin announcement
Softball	Mid Nov-Early Dec.		Bulletin announcement
Baseball	Contact Coach		2nd tryout mid Nov
Football	No tryout - Orientation meeting on June 8th- or show up on 6/12 after summer school	Football field	
Boys Soccer	June 12-15, 2pm - 4pm (Summer program will be the 2 weeks after)	Glendale Sports Complex	2nd tryout mid Aug
Girls Soccer	Thurs June 8, 2023 11 AM - 1 PM Fri June 9, 2023 10 AM - NOON Possibly Mon-Tues June 12-13, 2023 2-4PM	Glendale Sports Complex	2nd tryout after school starts (end of Aug)
Boys Lacrosse	Thursday Nov 2 2:45pm upper field		2nd tryout mid Nov
Girls Lacrosse	Contact Coach		2nd tryout mid Nov
Track & Field (B&G)	Mid Nov-Early Dec.		Bulletin announcement
Cross-Country (B&G)	No tryouts—just show up		
Boys Tennis	Mid Nov-Early Dec	CVHS Tennis Courts	Bulletin announcement
Girls Tennis	July 3-7 (excluding July 4)	CVHS Tennis Courts	Makeup tryouts first week of school
Girls Golf	Monday August 14th at 3:30 p.m.	Scholl Canyon	If an avid golfer, please contact pschilling@gusd.net
Boys Golf	November 2023	Scholl Canyon	If an avid golfer, please contact-pschilling@gusd.net
Mt. Biking	No tryout - official practices begin 10/15	Email Coach Shawn at showard@gusd.net	Pre-season core conditioning begins 08/15



**GLENDALE UNIFIED SCHOOL DISTRICT**

**Release of Liability and Assumption of Risk Agreement  
ATHLETICS, CHEER/STUNT & INTERSCHOOL EXTRA/CO-CURRICULAR ACTIVITIES**

STUDENT NAME		SCHOOL:
CHECK ALL APPLICABLE ACTIVITIES: <input type="checkbox"/> Baseball <input type="checkbox"/> Lacrosse <input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Basketball <input type="checkbox"/> Mountain Biking <input type="checkbox"/> Tennis <input type="checkbox"/> Cheer/Stunt <input type="checkbox"/> Powder Puff <input type="checkbox"/> Track <input type="checkbox"/> Cross-Country <input type="checkbox"/> Skiing/Snowboarding <input type="checkbox"/> Volleyball <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Water Polo <input type="checkbox"/> Golf <input type="checkbox"/> Softball <input type="checkbox"/> Wrestling		LIST ALL OTHER SCHOOL-SPONSORED ACTIVITIES

This is a Release of Liability and Assumption of Risk Agreement. Read it carefully and sign below. Completion of this release is a prerequisite to participation in an inter-scholastic athletic activity or designated school-sponsored activity/school club or (hereinafter collectively referred to as "school-related activity/ies"). This release essentially says that my son/daughter or I, as a student at least 18 years of age, named above (hereinafter "above-named student"), has my consent and will participate in the school-related activities as specified above.

If \_\_\_\_\_ (student) is hurt, injured, or even dies, I/we (i.e., the student, his/her parent/s, guardian/s, heir/s . . .) will not make a claim against or sue the Glendale Unified School District (hereinafter GUSD), its trustees, officers, employees, and agents, or expect them to be responsible or pay for any damages.

I, the undersigned, understand and acknowledge that the above-named student has voluntarily chosen to participate in school-related activities at his/her own risk. I/We know and fully understand that said school-related activities may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, and where participants can sustain physical injuries, damage to their property, or even die. Regardless of whether the school-related activity involves physical contact or not, any activity may have inherent risks of injury which are inseparable from the activity. I/We acknowledge and willingly assume all risks and hazards of potential injury, paralysis, and death in the school-related activity/ies, including any transportation to or from any school-related activity/ies. Further, by giving consent for this student to go with a school representative, it is acknowledged that the activity/ies will be considered a "field trip" or "excursion" for which there is complete immunity pursuant to Education Code §35330.

I/We, the undersigned, understand and acknowledge that school-related activity/ies contain potential risks of harm or injury.

Injuries might arise from the student's actions or inactions, the actions or inactions of another student or participant, or the actual or alleged failure by district employees, agents, or volunteers to adequately coach, train, instruct, or supervise. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries, whether or not caused by the student's participation. All such risks are deemed to be inherent to the student's participation in school-related activities.

In consideration for GUSD, allowing the above-named student to participate in the school-related activity/ies specified above, I/we voluntarily agree to release, waive, discharge, and hold harmless the GUSD and its trustees, officers, employees, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the above-named student illness, injury, death or damages of any nature in any way connected with the student's participation in the school-related activity/ies. I/We also expressly agree to release and discharge GUSD, its trustees, officers, employees, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in the school related activity/ies designated above and I sign this release on his/her behalf. I understand and acknowledge that participation in school related activity/ies is completely voluntary and not required by the Glendale Unified School District for course credit or for completion of graduation requirements. In signing this document I fully recognize and understand that if my son/daughter is hurt, dies, or his/her property is damaged, I am giving up my right and the right of his/her heirs to make a claim or file a lawsuit against the GUSD, its trustees, officers, employees, and agent.

By signing below, I/we acknowledge that I/we: (1) have read this document and understand that I/we give up substantial actual or potential rights in order to allow the above-named student to participate in the school-related activity/ies and any associated field trip or excursion; (2) have voluntarily signed as evidence of acceptance of this Agreement without any inducement or assurance of any nature, with full appreciation of all the risks inherent in the school-related activity/ies; (3) have no question regarding the scope or intent of this Agreement and I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement. This is a release of all claims.

DATE: \_\_\_\_\_

x \_\_\_\_\_  
Signature of Parent/Legal Guardian or Non-minor Student/Participant\*

DATE: \_\_\_\_\_

x \_\_\_\_\_  
Signature of Minor Student/Participant

\*A student 18 years of age or older is considered, by law, a non-minor and may sign form in the place of a parent and assumes all of the above-stated risks and liabilities for himself/herself.



# GLENDALE UNIFIED SCHOOL DISTRICT

## PRE-PARTICIPATION PHYSICAL EVALUATION

**HISTORY** Date Of Exam \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s)/Activity \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Work phone# \_\_\_\_\_

\*Explain all "Yes" answers below, circle questions you don't know the answer to.

<table border="0"> <tr> <td style="width: 5%; text-align: center;">Yes</td> <td style="width: 5%; text-align: center;">No</td> <td style="width: 5%;"></td> <td>1. Have you had a medical illness or injury since your last checkup or sports physical? Do you have an ongoing or chronic illness?</td> </tr> <tr> <td>___</td> <td>___</td> <td>___</td> <td>2. Have you ever been hospitalized overnight? Have you ever had surgery?</td> </tr> <tr> <td>___</td> <td>___</td> <td>___</td> <td>3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?</td> </tr> <tr> <td>___</td> <td>___</td> <td>___</td> <td>4. Do you have any allergies (examples: pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?</td> </tr> <tr> <td>___</td> <td>___</td> <td>___</td> <td>5. 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Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?</td> </tr> </table>	Yes	No		1. Have you had a medical illness or injury since your last checkup or sports physical? Do you have an ongoing or chronic illness?	___	___	___	2. Have you ever been hospitalized overnight? Have you ever had surgery?	___	___	___	3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	___	4. Do you have any allergies (examples: pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?	___	___	___	5. Have you ever passed out during or after exercise? 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Record the dates of your most recent immunizations (shots) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____</td> </tr> </table> <p><b>Females Only:</b></p> <p>16. When was your first menstrual period? _____          When was your most recent menstrual period? _____          How much time do you usually have from the start of one period to the start of another? _____          How many periods have you had in the last year? _____</p> <p>*Explain all "Yes" answers here: _____</p>	Yes	No		8. Have you ever become ill from exercising in the heat?	___	___	___	9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment?	___	___	___	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (examples: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	___	___	___	11. 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I hereby certify that, to the best of my knowledge, my answers to the above questions are complete and correct.

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

I give permission for my son/daughter/ward to be examined by his/her own physician, or a physician associated with Glendale Healthy Kids, Glendale Memorial Hospital & Health Center, Verdugo Hills Hospital, Verdugo Hills Medical Associates, or Family Medicine Center.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# GLENDALE UNIFIED SCHOOL DISTRICT

## PRE-PARTICIPATION PHYSICAL EVALUATION (continued)

**PHYSICAL EXAMINATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ %Body Fat (optional) \_\_\_\_\_ Pulse, BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
 \_\_\_\_\_ / \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected (check): Y \_\_\_ N \_\_\_ Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	*INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

**CLEARANCE:**  **CLEARED**

\_\_\_\_\_ **CLEARED AFTER COMPLETING EVALUATION/REHABILITATION FOR:**  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ **NOT CLEARED FOR:** \_\_\_\_\_  
 Reason: \_\_\_\_\_

Recommendation(s): \_\_\_\_\_  
 \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_

*Revised May 18, 2017*



Step by step to Athletic Clearance (last update 5/8/23)

**Screen by Screen Instructions**

1. Go to [athleticclearance.com](http://athleticclearance.com) and click on CALIFORNIA map icon.
2. "Create an account" and fill in required information. Click Submit when finished.  
\*Be sure to remember your username and password for future use.
3. Retrieve verification code. Enter code. Click submit.
4. Click on "Start Clearances Here".
5. Select the school year. Select your high school. Select sport. Click submit when finished. At the end, you will have the option to click multiple sports.
6. Enter all required information. Click save when finished.  
\*You will need to upload the following 3 pages ("Pre-Participation Survey & Physical" & "Release of Liability & Assumption of Risk Agreement"- all 3 available on the Clearance page and on CVHS website under athletics ([www.gusd.net/cvhs](http://www.gusd.net/cvhs)) **Physical needs the doctor's signature & stamp on it. Physicals with missing office stamp will be denied. Release of Liability form must be printed out for a wet signature, then uploaded. Electronic signatures will not be accepted.**
7. Answer all yes or no questions. If the answer is yes to any question, type a brief description of the issue. Click save when finished.
8. Enter other required info. Click submit when finished.
9. Read boxes and add all signatures for guardian and student. Click submit when finished.
10. Once you reach the confirmation screen the online clearance process is complete.
11. A confirmation email will be sent to you once the page is reviewed and the student is fully cleared. You do not need to turn in the final confirmation page the server tells you to print out and turn in.

This must be completed each school year.

Any questions, please email Peter Kim at [pkim@gusd.net](mailto:pkim@gusd.net)



## Preparticipation Physical Evaluation

- Date: Saturday, May 13th 2023
- Time: 9:00 am - 11:00 am
- Location: Stetson Lee Orthopedics
  - 191 S Buena Vista St #470, Burbank, CA 91505
- Cost: \$30 (**Cash only**)
- What to bring: Physical form (page 3 and 4 from GUSD Extracurricular activities) with page 3 filled out and signed by a parent/guardian.
- Sign up: Not necessary; just show up!

Please email me ([inakayama@gusd.net](mailto:inakayama@gusd.net)) with any questions before the date of the physicals. Do not call the school or offices because these physicals are on Saturdays; nobody will answer their phones.