ATHLETIC CLEARANCE PACKET
INFORMATION

Please review these instructions in order to complete the Athletic Packet for your student.

1. Separate the packet in the order as stated below:
   a. Athletic Checklist
   b. Emergency card
   c. Sports Physical Examination form
   d. Agreement for Team Participation
   e. Transportation form
   f. Steroid Use form
   g. Concussion & Head Injury sheet
   h. Sudden Cardiac Arrest Form
   i. Athletic Policy Signature form
   j. Athletic Policies/Regulations – Retain this for your reference

2. All of the above forms must be completed, signed, and returned to the Athletic Office prior to being approved for athletic participation. Any errors will delay your participation in athletics. Ensure that you have signed and dated everywhere that is required. Pay close attention to the Insurance requirement on the Participation form. **YOU MUST INDICATE YOU HAVE INSURANCE, NAME OF YOUR INSURANCE CARRIER, AND THE POLICY NUMBER!**

3. The first page is the Athletic Checklist. Fill-out your name, address, and telephone number. DO NOT FILL-OUT ANY OTHER PORTIONS – Administration Use Only.

4. After your physical is taken and all other forms are completed and signed return the entire packet to the ATHLETIC OFFICE FIRST not your Coach. We will then review the packet, give you the Emergency card and an Athletic Clearance slip and you will take these to your Coach, which will indicate you are ready to participate in that sport.
   a. Expect a minimum of 48 hours to clear this packet. Please keep in mind you are not the only athlete turning in a packet and processing takes time.
   b. Once the season is over your Coach should return your Emergency card to the Athletic office where it will be kept on file for any future sports you plan to participate in.

5. The Athletic Office will accept only original documents with original signatures (faxes will not be accepted)
CASA ROBLE ATHLETIC CHECKLIST
THIS FORM MUST BE RETURNED WITH YOUR CLEARANCE PACKET TO THE ATHLETIC OFFICE
BEFORE CLEARANCE IS GRANTED

Please Print The Following Information:

<table>
<thead>
<tr>
<th>Athlete Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell /Alternative Phone Number</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td></td>
</tr>
</tbody>
</table>

DO NOT WRITE BELOW THIS LINE

<table>
<thead>
<tr>
<th>Name of Form</th>
<th>Clear</th>
<th>Not Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Checklist Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJUSD Emergency Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJUSD Athletic Physical Examination Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJUSD Agreement for Team Participation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJUSD Transportation Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJUSD Steroid Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJUSD Concussion and Head Injury Information Sheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudden Cardiac Arrest Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJUSD Athletic Policy Signature Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sport</th>
<th>Administrative Clearance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6/12
VISION:
- □ Wears glasses □ To be worn at all times
- □ Wears contacts □ To be worn at all times
- □ Requires preferential seating

Date of last eye exam: __________ Under care of Dr. __________ Phone: __________
Comments: __________

HEARING:
- □ Has a hearing problem □ Has tubes in ears □ Uses hearing aid
- □ Requires preferential seating

Under care of Dr. __________ Phone: __________
Comments: __________

PLEASE READ AND SIGN
"I authorize the release of my child's medical information (1) by the school district and the provider of services to the billing agent and (2) by the school district to my insurance carrier as necessary to process a claim or to request payment of Medical Assistance Benefits. Shared information will be limited to health service documentation only."

Parent/Guardian Signature __________ Date __________

Print Name __________ Relationship __________

HEALTH CONCERNS:
1. Has the following condition(s):
   - □ Asthma □ Seizures □ Migraines □ Diabetes
   - □ Hyperactive (ADHD) □ Heart condition
   - □ Allergies (describe): __________
      - □ Allergic reaction to bee stings (describe): __________
      - □ Other: __________
      - Are any of the above life threatening? □ yes □ no (explain): __________

2. List medication prescribed:
   - Current dosage: __________
   - For (diagnosis): __________
   - Prescribed by Dr. __________ Phone: __________

   Does the drug need to be taken during school hours? □ yes □ no
   *Medication in School* form on file (renew annually) □ yes □ no

3. Has a physical condition which limits participation in:
   - □ Classroom activities □ Physical education
   (Please explain): __________

   Under care of Dr. __________ Phone: __________

4. School of former attendance:
   - City: __________ State: __________

TURN CARD OVER AND COMPLETE HEALTH INFORMATION
# San Juan Unified School District

## SPORTS PHYSICAL EXAMINATION FORM

### LAST NAME

### FIRST NAME

### GRADE

### BIRTHDATE

### FALL SPORT

### WINTER SPORT

### SPRING SPORT

### STUDENT ID NUMBER

### PART 1 – HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Has this student had:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Chronic or recurrent illness?</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Illness lasting over 1 week?</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Hospitalizations or Surgeries?</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Nervous, psychiatric, or neurologic condition?</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Allergies (medicines, insect bites, food)?</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Problems with heart or blood pressure?</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>Chest pain or significant or severe shortness of breath during or after exercise?</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td>Dizziness or fainting with exertion?</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td>Painting, bad headaches or convulsions?</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td>Potential concussion or loss of consciousness?</td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td>Heat exhaustion, heatstroke, or other problems managing or responding to heat?</td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td>Racing heartbeats, skipped or irregular heartbeats, or heart murmur?</td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td>Seizures or seizure disorders?</td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td>Severe or repeated instances of muscle cramps?</td>
</tr>
</tbody>
</table>

16. □ □ Injuries requiring medical care or treatment?
17. □ □ Neck or back pain or injury?
18. □ □ Knee pain or injury?
19. □ □ Shoulder or elbow pain or injury?
20. □ □ Ankle pain or injury?
21. □ □ Other joint pain or injury?
22. □ □ Broken bones (fractures)?

**Yes** No

- Does this student presently:
  - Wear eyeglasses or contact lenses?
  - Wear dental bridges, braces or plates?
  - Take any medications? (List below):

**Further history:**

- Birth defects (corrected or not)?
- Death of 4th parent or grandparent less than 40 years of age due to medical cause or condition?
- Parent or grandparent requiring treatment for heart condition less than 50 years of age?
- Been seen by a physician on an emergency or urgent basis in the last 12-months?

**Date of last known tetanus (lockjaw) shot:**

**Date of last complete physical examination:**

**Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):**

### PARENT/GUARDIAN'S AUTHORIZATION:

I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be performed by District volunteers, I understand the evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider.

**PRINT NAME OF PARENT OR GUARDIAN**

**SIGNATURE OF PARENT OR GUARDIAN**

**ADDRESS**

**WORK PHONE**

**HOME PHONE**

**OFFICE PHONE**

### PART 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only Be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

<table>
<thead>
<tr>
<th>Eyes/Ears/Nose/Throat</th>
<th>NORMAL</th>
<th>ABNORMAL (Describe)</th>
<th>(May be contained on Provider's Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart, lungs, pulmonary function</td>
<td></td>
<td></td>
<td>Height:</td>
</tr>
<tr>
<td>Abdomen, genital/hernia (males)</td>
<td></td>
<td></td>
<td>Weight:</td>
</tr>
<tr>
<td>Skin and Musculoskeletal:</td>
<td></td>
<td></td>
<td>Pulse:</td>
</tr>
<tr>
<td>a. Neck/Spine/Shoulders/Back</td>
<td></td>
<td></td>
<td>After Ex:</td>
</tr>
<tr>
<td>b. Arms/Hands/Fingers</td>
<td></td>
<td></td>
<td>BP:</td>
</tr>
<tr>
<td>c. Hips/Thighs/Knees/Legs</td>
<td></td>
<td></td>
<td>Recommendation:</td>
</tr>
<tr>
<td>d. Feet/Ankles</td>
<td></td>
<td></td>
<td>• Unlimited participation</td>
</tr>
<tr>
<td>Neurologic Screening Exam (NSE)/</td>
<td></td>
<td></td>
<td>• Limited participation/specifc sports, events or activities</td>
</tr>
<tr>
<td>Concussion Screening Evaluation (only if needed based on above info.)</td>
<td></td>
<td></td>
<td>• Clearance withheld pending further testing/evaluation</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td>• No athletic participation One of the above MUST be checked.</td>
</tr>
</tbody>
</table>

**PRINT NAME OF PHYSICIAN**

**PHYSICIAN'S SIGNATURE**

**DATE**

Original to be held on file for a period of one (1) year after the end of the Academic Year

(Ed. 12/1/11)
AGREEMENT FOR TEAM PARTICIPATION
[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities:
Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

| Student: | Address: |
| Grade: | DOB: |
| School: | Telephone: |
| Team(s): |

In consideration of the Student’s ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities (“Team Activities”), the Student and Parent/Legal Guardian (“Adult”) signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student’s participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student’s violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death (“Injuries”). Injuries might arise from the Student’s actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student’s participation in Team Activities. All such risks are deemed to be inherent to the Student’s participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District (“Released Parties”), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are “field trips” for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student’s belief, and notify a parent or guardian of the Student’s belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student’s participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the
administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the District. Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least $200 for each occurrence and major medical coverage of at least $10,000, with no more than $100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least $1,500; or (c) at least $1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

| Option 1: Private medical insurance/Medical | If this option is selected, please provide __________________________________________________________________________ (Name of Insurer/Provider) and __________________________________________________________________________ (Policy number/identifying number), (list coverage dates or “continuous”). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221. |
| Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District (please contact Risk Management at 971-7756 for additional information). If you are financially unable to pay for such insurance, contact Risk Management at 971-7756 to see if a payment waiver is available. If no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage. |

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student’s name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

**AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGNS, HEIRS, TRUSTEES, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

<table>
<thead>
<tr>
<th>Printed Name of Parent/Guardian</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>As the Student, I understand and agree to all of obligations placed on me by this Agreement.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name of Student</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**AGREEMENT FOR TEAM PARTICIPATION**

Original to be held on file for one (1) year after the end of the Current Academic Year.
Athletic Activities Transportation Form  
San Juan Unified School District (SJUSD)

Date _____ / _____ / _____  
Student Name ____________________________ Last Name: __________________ First Name: ____________________ Middle Name: ____________________

Address  
Number: __________________ Street: __________________ City: __________________ Zip Code: __________________

School: __________________________ Grade: _______ Male Female Transfer: _______ Yes No

SPORT(S) ____________________________________________

TRANSPORTATION INFORMATION – BY COMMERCIAL VEHICLE
Trips that involve requests for commercial/private bus carrier must be scheduled through the Business Operations office and may be approved on a limited basis. Such requests must be in writing to the appropriate instructional division director. Students/parent groups shall not make arrangements directly with common carriers. (AR 6153).

TRANSPORTATION INFORMATION – BY SCHOOL VEHICLE
→ School vehicles may provide transportation for field trips and for special approved activities. Such trips may be taken in buses or in other school transportation vehicles owned, leased, or rented by the district, or by public transportation. (BP 3541.1)
→ SJUSD vehicle insurance only provides coverage when team members are transported to games/practices by district owned vehicles. All students must travel with team members when the district provides transportation.

TRANSPORTATION INFORMATION – BY PRIVATE AUTOMOBILE FOR SCHOOL DESIGNATED VOLUNTEER DRIVERS
→ Students may be transported by private automobile for approved school-sponsored and district supervised activities when the vehicle is driven by an adult (age 21) and when the driver has registered and filed a completed Volunteer/Employee Vehicle Usage Form. All school designated volunteer drivers transporting students on officially authorized school business, or related school activities, must have the usage form completed pursuant to district guidelines and must meet district insurance requirements. In addition, school designated volunteer drivers transporting students must comply with the district fingerprint policy. (BP 3541.1)
→ The district vehicle insurance DOES NOT provide coverage for students when they are being transported by school designated volunteer drivers. All vehicle liability insurance coverage is the responsibility of the individual transporting the students. THE DISTRICT DOES NOT PROVIDE LIABILITY OR ANY OTHER INSURANCE COVERAGE (COMPREHENSIVE, MEDICAL, THEFT, VANDALISM, ETC.).

→ HOLD HARMLESS CLAUSE: All school designated volunteer drivers transporting students shall hold harmless SJUSD, its officers, agents and employees from and against any and all claims, losses, liabilities, or damages, including payment of attorney’s fees, arising out of or resulting from the performance of transporting students, caused in whole or in part by any act, negligence, or omission of the non-district persons.

→ HOLD HARMLESS CLAUSE: California Law provides as follows: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.” (Education Code Section 35330) In addition, all adults taking out-of-state field trips or excursions and all parent or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims. I acknowledge that, as a condition of my student’s participation, this waiver of all claims shall be extended to any and all claims against the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents, and employees. Further, I agree to indemnify and hold harmless the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney’s fees) or damage to personal property occurring during or by reason of this excursion/field trip or event. My signature on this form shall constitute an informed and knowing waiver as required by law.

• When I am a school designated volunteer driver, it is my responsibility to provide proof of liability insurance and comply with the district fingerprint policy when transporting students to athletic events.
• I hold SJUSD harmless when my student is not being transported by a District vehicle.
• SJUSD has permission to transport my student to all athletic events when district transportation is available.

My signature below authorizes all of the above mentioned:

Parent/Guardian Name ____________________________  Home #: __________________  Work/Cell #: __________________

Parent/Guardian Signature ____________________________ Date _____ / _____ / _____

Please Print

All questions or concerns regarding insurance should be referred to Risk Management at 971-7756
RETURN THIS FORM TO THE ATHLETIC DIRECTOR AT YOUR CHILD’S SCHOOL SITE

5/2007
San Juan Unified School District
AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

(print name of student athlete)

As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Governing Board of the San Juan Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement on the U.S. Anti-Doping Agency banned substance list without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF Bylaw 200.D 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.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her including, but not limited to, restriction from athletics or suspension or expulsion from school.

Signature of student athlete ____________________ Date ____________

Signature of parent/guardian ____________________ Date ____________
# CONCUSSION AND HEAD INJURY INFORMATION SHEET

<table>
<thead>
<tr>
<th>Student:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>School:</td>
<td>School Year:</td>
</tr>
</tbody>
</table>

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

## IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling “slow,” “foggy,” or “not right,” difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

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Original to be held on file for a period of one (1) year after the end of the Academic Year

(Ed. 12/17/11)
Keep Their Heart in the Game

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

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

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

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

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, they 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 Cardiac Chain of Survival

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

Early Recognition of Sudden Cardiac Arrest
Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1
Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher’s instructions.
Call an on-site Emergency Responders.

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

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

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

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

Cardiac Chain of Survival Courtesy of Parent Heart Watch
Keep Their Heart in the Game

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

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

Potential Indicators That SCA May Occur
- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or stress
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

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

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

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

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit:

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

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

CardiacWise (20-minute training video)
http://www.sportsafetyinternational.org
Casa Roble High School
ATHLETIC POLICY SIGNATURE FORM

***READ, SIGN, AND RETURN TO THE ATHLETIC OFFICE***

The signature below will verify that the parent/guardian and the student/athlete have read and understand the Casa Roble High School Policies and Regulations for Interscholastic Athletic Competition. Please print your name and then sign with your signature.

Student/Athlete: (please print name) __________________________________________

Signature: ______________________________________________________________

Date: _________________________________________________________________

Parent/Guardian: (please print name) ______________________________________

Signature: ______________________________________________________________

Date: _________________________________________________________________

RESIDENTIAL ELIGIBILITY QUESTIONS: (circle answers)

1. Did you attend high school last year? Yes No
2. If yes, did you attend Casa Roble HS for the entire year? Yes No
3. If no to #2, please write in the previous high school you attended

High School: __________________________________________________________

Address: _____________________________________________________________

City: ____________________________

State: ____________________________

ZIP: ____________________________

Athletic Phone#: ____________________________
ATHLETIC POLICIES & GUIDELINES

The Interscholastic Athletic Program is an integral part of the total educational program at Casa Roble High School. We would like to be certain that you are aware of the policies and regulations used as guidelines for participation in any sport sponsored by the school. Please read the following policies/guidelines carefully, knowing that both the coaches and the administrators will refer to them in discussing questions pertaining to acceptable conduct of a Casa Roble student/athlete in the school's interscholastic athletic program. We feel these guidelines will be helpful in reassuring that our programs will result in a rewarding experience for all participants.

PRE-PARTICIPATION REQUIREMENTS

Athletes must complete several steps before they can be cleared for athletic participation. They need to obtain an Athletic Clearance Packet from the Athletic Director's office, Administration Office or online at www.sanJuan.edu/casaroble. When completed they must be returned to the Athletic Director for approval.

1. A physical examination and doctor’s certification on the SJUSD Physical Exam document are required. Documents generated by your doctor will not be accepted. In order for the student to be accepted for athletics, the physical must be completed after June 1 prior to the school year in which the athlete plans to compete. You need only one physical annually regardless of the number of sports in which you participate.

2. Emergency Care Card is required

3. Both athlete and parent must sign the Agreement for Team Participation form granting permission for you to take part in all or any one particular sport.

4. Insurance coverage is required to cover possible accidents. You must have medical coverage (at least $1,500). Coverage may be by parent's private insurance company or school accident insurance policy. If the coverage is by a private company, the parents must state the name of the company and medical record number on the Consent Form.

5. The parent must fill out and sign the Athletic Activities Transportation form.

6. Both athlete and parent must sign the Steroid Use Form acknowledging that the student athlete will not use steroids or other substances which are banned for use by athletes.

7. Read and sign Concussion Information Sheet.

8. Read and sign Sudden Cardiac Arrest Sheet.

9. You must present to the Athletic Director the appropriately signed Policies and Regulations Forms.

10. A student has opportunity to participate/tryout for a team once all athletic policies and regulations have been submitted and the coach has received the Emergency Care Card signed by the Athletic Director.
ACADEMIC ELIGIBILITY REQUIREMENTS

To encourage and promote academic excellence, all students participating in extracurricular activities shall demonstrate satisfactory minimum progress in meeting the requirements of graduation by undertaking the prescribed course of study and meeting the standards of proficiency established by the District.

The requirement has two elements. To be eligible for participation, the student:

1. Must have earned an overall minimum 2.0 grade point average on a 4.0 grading scale during the preceding grading period; and

2. Must have passed three of four classes during the preceding grading period. Students taking only the minimum number of classes must pass all of their classes to be eligible.

According to the CIF, scholastic eligibility requires the student to pass the equivalent of at least 20 semester periods of work at the completion of the most recent grading period. Weighted grades are not used to calculate eligibility per the CIF Bylaws.

A grading period will constitute an eligibility period. The grade issued at the end of each grading period will be used to determine eligibility.

a. For purposes of determining eligibility, a grade of incomplete is computed as an "F" or failure until a letter grade is assigned. When the letter grade is determined, the student's grade point average is refigured. Generally, incompletes are only assigned when a student had a long-term illness or after unforeseeable and unpreventable absence from school that prevented the student from completing the assigned work during the grading period.

b. For eligibility purposes, once a letter grade is assigned, the grade may be changed only if the person assigning the grade determines that an error was made in computing the grade. If a student requests that a teacher reconsider a grade, the reconsideration must be based on work assigned, due, and completed prior to the end of the grading period. Work submitted or assigned after the end of the grading period may not be used to improve or diminish an assigned grade.

Schools declare at the beginning of the year the grading periods and eligibility declaration days that they will use. Eligibility will be declared after each school-wide grading period.

A student becomes eligible or ineligible for athletic participation only when declared so by the site Athletic Administrator or site Athletic Director.

Casa Roble will follow CIF guidelines and procedures related to the eligibility of continuation/independent study school students returning to a comprehensive high school. Please check with the school's Athletic Director or Administrator.
PROBATION/INTERVENTION

A student may be granted only one period of probation per school year, beginning with the first schoolwide (9th grade) grading period. The probation may be granted only if the student has met one of the two academic eligibility requirements. If the student is below both standards, he/she will not be granted probation. A probation period is the same length and duration as a grading period.

During a probation period the student is still considered "ineligible" but is granted an opportunity to still practice and compete under the guidelines and regulations established by the CIF. When a student is on probation they will report to intervention on days prescribed by the Athletic Director. Athletes will be required to complete three (3) hours per week of "zero period" intervention. They may attend practice only after they have completed their daily intervention requirement. Intervention periods are during the time frame between grading periods.

When an athlete becomes eligible for probation they must automatically apply for and take a probation period. Athletes do not have the choice as to when they will take their probation. Any athlete who quits his/her sport during a probation period will be deemed to have used their probation period for that school year and will be ineligible to apply for probation for the remainder of the school year.

All athletes that are ineligible and do not qualify for probation will not be allowed to compete during the grading period in which they are declared ineligible. Non-probationary athletes must attend "zero period" intervention in order to remain with and practice with the team.

The athletic administrator will ensure that transfer students are held to the same eligibility standards as students within this District and are consistent with CIF Bylaws. Transfer students will be granted one probationary period per school year.

RESIDENTIAL ELIGIBILITY

A student has residential eligibility upon initial enrollment in the ninth grade of any California Interscholastic Federation high school. A student retains residential eligibility if continuously enrolled in the CIF member high school of initial enrollment, transfers prior to the first day of the sophomore year or changes schools with a valid change in residence as defined in CIF Bylaws. Any ninth grade student who is transferring for a second time, or any tenth, eleventh or twelfth grade student, who transfers without a valid change of residence, will be subject to a CIF Sanctioned sit out period. Mandatory paperwork needs to be completed with the Athletic Director and sent to the Section CIF office. Any evidence of undue influence (recruiting), academic ineligibility at a previous school or disciplinary reasons for a transfer will impact eligibility at the new school.

The only exceptions to this rule will require documentation of a hardship which is defined as an "unforeseeable, unavoidable and uncorrectable act, condition or event which causes the imposition of a severe and non-athletic burden upon the student/family." The section and state CIF will review the documentation for a waiver of this rule.
A transfer student shall contact the athletic director or administrator in charge of athletics to determine his/her eligibility status and to complete any necessary forms. No athlete shall participate in competition until all forms have cleared.

Any student whose address has been falsified to achieve residential eligibility will be ineligible in all interscholastic athletic competition for a period of one year from the date the infraction is verified.

If a student and his/her parents move out of the attendance area but the student remains at the school, the student will maintain eligible but should immediately report his/her change of residence to the Counseling Office.

**OUTSIDE COMPETITION**

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 the student's high school season of sport. In the sport of soccer, it is permissible for a student to compete on an outside team during the season of sport if the high school team plays in the fall or spring.

Any student, who competes on a school team after an infraction of the above rule, becomes immediately ineligible for the number of contests equal to twice the number of contests of outside competition in which the student participated. Games, in which the student participated, after the infraction of the rule, shall be forfeited.

It is permissible for a high school team member to participate in a spontaneous recreational activity or game in which sides or teams are chosen without regard to players representing any group or organization. Such participation would not cause loss of eligibility.

Any athlete qualifying for an Olympic Development Program is required to contact the Athletic Administrator at least 30 days prior to participation.

Each CIF section may grant approval, upon individual petition, for a gifted athlete to travel to a foreign country to participate in international competition sanctioned by the governing body for that sport in the United States.

Any athlete who has any questions about eligibility, or who is considering outside competition, should contact the administrator in charge of athletics before entering into any competition.

**SPORTSMANSHIP**

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character, teamwork and other important life skills. The highest potential of sports is achieved when participants are committed to "Pursuing Victory with Honor" according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. This code applies to all student-athletes in California and has been adopted as the operating beliefs and principles of the California Interscholastic Federation (CIF). From these six core principles, a set of specific rules has been established by each respective coach.
An additional aspect of good sportsmanship includes respect for all people and institutions associated with athletic competition. Athletes will be required to exhibit respect to officials, coaches, staff, fans, and opponents.

Athletes must understand that compliance with the standards of good sportsmanship is required regardless of the particular situation. Athletes or coaches who are ejected from an athletic competition will be disqualified from participating in the remainder of the game and from attending the next athletic contest.

Athletes should demonstrate sportsmanship and ethical behavior whether experiencing success or failure, victory or defeat.

HAZING
A pupil may be suspended from school, removed from a team, or recommended for expulsion if that pupil has committed an act of, engaged in, or attempted to engage in, hazing. "Hazing includes any method of initiation or pre-initiation into a student organization or student body or any pastime or amusement engaged in with respect to those organizations which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any pupil or other person attending any school."

SCHOOL ATTENDANCE
Coaches recognize the importance of school attendance and expect athletes to establish good attendance patterns.

1. Students must attend at least two classes during the school day in order to participate in either practice or competition on that day. A student cannot be absent on the day of a game unless he/she previously clears with his/her principal or athletic director. Doctor or dental appointments will be accepted with a verification note. If there is any doubt, the athlete should clear with the Principal or Athletic Director prior to competition. An athlete who violates this requirement will be suspended at least one game.

2. If a contest is held on a non-school day, the student must attend at least two classes on the school day prior to the contest.

3. Students failing to comply with the district attendance policy will be referred to their coach for discipline.

PRACTICE ATTENDANCE
Students who participate in athletics make a commitment to a team and are expected to maintain good practice attendance.

1. Students are expected to attend all practices and contests, unless they are absent from school due to illness or the coach excuses them. Students are expected to communicate directly with the coach when they cannot attend a practice.

2. Unexcused absences from practice, or failure to maintain good attendance, may be cause for removal from a team.

3. Coaches may adopt individual rules for practice and contest attendance.
TRAINING RULES
The coaches support healthy behaviors by all athletes at all times. Athletes will be held responsible for all training rules while on school grounds, while going to or coming from school, or at a school-sponsored activity, during the officially recognized CIF “season of sport” as defined by CIF Bylaw 511, Section B. Athletes will also be held accountable for any off campus violation of training rules.

Students should understand that the coaches in the San Juan Unified School District believe that the use of tobacco, alcohol, and drugs is not acceptable and will not be tolerated for high school athletes. The coaches believe that high school students should be aware of the negative effects of tobacco, alcohol, and drugs and any use of steroids or performance-enhancing substances.

1. Any student who uses or possesses drugs, alcohol or tobacco shall be removed from the team. Students who refer themselves to a staff member for help for substance abuse WILL NOT be subject to ANY discipline penalties unless they are apprehended breaking the rules.

2. The District and its coaches prohibit the use of androgenic/anabolic steroids, synephrine, or any performance-enhancing dietary supplement without a written prescription from a licensed health care practitioner to treat a medical condition.

3. A second offense within 365 days, involving drugs, alcohol or tobacco will cause the student to be ineligible for athletic participation for one calendar year from the date of the infraction. The student may not continue practice or participate with a team during the period of ineligibility.

4. Any suspension from school will result in a suspension from participation, attendance, and competition with the team beginning the first day of suspension through the last day of suspension.

SOCIAL PROBATION:
A student placed on social probation will be prohibited from attending participating in any non-mandatory school function, activity or event. Non-mandatory school functions, activities or events include, but are not limited to participation on athletic teams including practices, dances/proms, athletic events, drama and musical productions, student club activities, and activities related to graduation, including the graduation ceremony. Social probation begins the first day of suspension. Violation of social probation will extend the extracurricular prohibition for an additional time period.

1. If a player quits an athletic team or is removed from the team for disciplinary reasons, he/she will not be allowed to tryout for another sport until the current team season is officially over.

2. If social probation is imposed prior to the start of a sports season tryout then the student/athlete will only be able to tryout once the social probation has ended but only up until the start of sanctioned league competition.

3. Forgery or falsification of any information on any form required to participate in athletics will result in the athlete being suspended from all athletic teams and participation for ONE YEAR from the date of the infraction.
TEAM MEMBER RESPONSIBILITIES

1. Be on time for games and practices. Coaches will take necessary action to see that this rule is enforced. Repeated violations may result in the player being dropped from the team.

2. Athletes appearance shall be presentable and in conformity with CIF guidelines. The head coach of each sport will determine special guidelines. All violations shall be referred to the head coach of that sport and to the athletic director.

3. There will be absolutely no cutting of practice. If you are at school during the day and then must be absent from practice for some good reason, you must report personally to the coach and check out. You owe this to your coach, who is organizing the practice for your benefit, and other team members, who are depending on you. If this personal report is not made in advance, the absence will be considered a cut of practice. Coaches will have the discretion of determining the number of cuts allowed before considering the dismissal of a player from the team. Be a loyal team member.

4. During the season, players are responsible for equipment checked out to them. They must keep it clean and accounted for at all times. At the end of the season, players are responsible for checking in all equipment clean and neat the day after the season ends. All team members are financially responsible for all issued athletic equipment. An athlete will not be allowed to practice or participate in any other sport until all equipment has been returned or accounted for from the previous team. Replacement costs rather than volume cost will be charged for non-returned equipment.

5. Remember that a player is never more important than a team and will be removed from said team if she/he does not live up to her/his obligations to the team, coaches, and school. If the coach does not take action, the Athletic Director, Principal, or Vice Principal may do so. The following are general points to remember:

   a. Remember that you represent Casa Roble High School. Swearing will not be tolerated.

   b. You are responsible for proper conduct in the locker room at all times. This includes pre-game, halftime, and after game use.

   c. Respect other people’s property. When you borrow school equipment to use, return it when you are finished. Also, make certain all equipment is put away after practice. Stay off the gym floor with street shoes of all types and always keep out of other player’s lockers.
LETTERMAN QUALIFICATIONS

One of the benefits of participating in athletics is being awarded a block letter. However, this award is a privilege and NOT an entitlement.

1. The Casa Roble Athletic Department has established the following criteria to qualify for a block letter award.
   a. You must be an active participant with the varsity team by regularly attending practices and contests.
   b. If you fail to complete the season through quitting, disciplinary, or academic reasons, you will not receive a block letter award or certificate of participation.
   c. Coaches may establish stricter criteria for earning an award. Please consult with the coach.

2. You only receive a block letter for lettering in a varsity sport. Frosh and JV sports do not qualify for a block letter award.

3. All participants will receive a Certificate of Participation for successful participation and completion of a season with an athletic team regardless of level.

4. All varsity athletes may become eligible to be awarded a scholar athlete patch after the completion of their second consecutive semester of high school with a cumulative GPA of 3.5 or above.

5. Athletes only earn one block letter. Lettering in additional sports and years in a varsity sport earns that athlete a sport emblem to indicate that they have lettered in that sport.
PARENTAL RESPONSIBILITIES
Parents are expected to set an example of exemplary behavior and character for their child who is participating in athletics. Your child only gets four years to participate in athletics, please don't try to live vicariously through your child. Let them grow and become their own young man and woman. There are some standing rules/guidelines that parents should follow as well as using good common sense when dealing with coaches, other parents, and athletes.

1. Athletic contests can sometimes create an emotionally charged atmosphere. It is never wise to confront a coach after a contest. If you have something you would like to talk to the coach about, wait at least 24 hours after a contest to approach them.

2. Many of the issues you may want to talk about should be handled by the student athlete. Part of the growing and learning process is to allow them to take responsibility for themselves. Stand back and let them do so. They are on the verge of becoming young adults; they do not always need a parent to hold their hands. Some standing rules in this athletic program:
   a. **NEVER** question the coach on playing time
   b. **NEVER** question playcalling
   c. **NEVER** question strategy
   d. **NEVER** interfere with a practice: STAY OFF THE PRACTICE FIELDS.

3. If you have some other issue or conflict with the coach, make arrangements to meet them and discuss the issue. If this does not work contact the Athletic Director. If the Athletic Director cannot help you then the Athletic Director will refer the issue to an administrator.

4. Proper spectator behavior at athletic contests is crucial. Berating coaches, officials, fans, or athletes is unacceptable behavior. The athletes are out there doing their best and are here to have fun and enjoy the high school athletic experience. Nothing takes away more from that experience than an angry fan. Profanity and abuse at athletic contests will not be tolerated.
   a. 1st offense will be a warning for the behavior unless a physical altercation takes place; in which the proper law enforcement authorities will be summoned.
   b. 2nd and/or subsequent infractions of improper behavior may result in a letter of barment from the principal to attend school events, activities, and athletic contests. Such a letter has the force of law.

5. If you suspect that a coach is verbally or physically abusing your child, please report the behavior to the administration immediately.

6. Encourage your child to participate in as many sports as possible. Don't put all your eggs in one basket in hope for college scholarships. Colleges routinely recruit athletes that have a wide variety of interests and skills.
APPEALS OF ATHLETIC HANDBOOK RULES

Students may appeal the application of the rules in the Athletic Handbook to an Athletic Appeal Board. An appeal requires that the student and parent(s) or legal guardian(s) submit a written request identifying the specific rule and consequence they wish to appeal and the grounds for requesting the review. Rules established by the California Interscholastic Federation may be appealed only to the CIF Sac-Joaquin Section.

1. The Athletic Council will consist of an Administrator, the Athletic Director, and three coaches not involved in the disagreement.
2. The appeal will be held within five school days of the receipt of the written request for appeal from the student and parent.
3. The Athletic Council may uphold or modify the consequences for the violation as outlined in the handbook. The Athletic Council does not determine or review the facts of a school discipline incident but may modify the athletic consequences for the incident based on the intent and spirit of the handbook.