

**Permission for Treatment**

I hereby grant permission to the team physicians and those professional personnel designated by SMUSD to treat my child in the event of an injury. In the event of a serious injury, if I am unable to give my consent at the time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first-aid.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Primary Contact number

**Proof of Insurance**

**Insurance: Choose either one or both forms of insurance.**

1. In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervised school transportation.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy/ID number (**required**)

2. I want to purchase school insurance: \_\_\_ yes - If yes, please go to:

**[https://www.k12specialmarkets.com/Enroll\\_1.aspx](https://www.k12specialmarkets.com/Enroll_1.aspx) (**attach form**)**

**Athletic/Extra Curricular Pledge Statement**

As a condition of participation in extracurricular activity by \_\_\_\_\_ (student's name), we acknowledge that we have read, understand and agree to the Athletic/Extra Curricular Pledge, the CIF policy, the Ethics statement, and the Awareness of Risk statement. We realize the importance of our sportsmanship and positive behavior as fans and role models.

\_\_\_\_\_  
Student-Athlete Printed Name

\_\_\_\_\_  
Student-Athlete signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**CIF Codes, Violations, Penalties, and Appeals**

I have read, understand, and accept the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory with Honor, and the Violations, Minimum Penalties, and Appeal Process (on attached page) of the CIF-San Diego Section ETHICS IN SPORTS Policy. I agree to abide by this policy while participating and/or spectating at CIFSDS athletic events regardless of contest site or jurisdiction.

\_\_\_\_\_  
Student-Athlete Printed Name

\_\_\_\_\_  
Student-Athlete signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Parent and student signatures required throughout booklet**

Student Name: \_\_\_\_\_

(Please Print Legibly- Pen Only)

Student ID #: \_\_\_\_\_ Gender: M F

Graduation Year (circle one): 2021 2022 2023 2024

Transfer Student: Yes No

***MISSION HILLS HIGH SCHOOL***  
**GRIZZLIES**



*Athletic Department  
Clearance Package  
2020-2021*

Parent and student signatures required  
throughout booklet (including back page)

## Athletic Information

Fall Physicals:

Football - Cross Country - Volleyball -  
Field Hockey - Water Polo – Cheer\* - Dance\* -  
Band\* - Color Guard\*

**Due Before: 12/7/20**

Spring Physicals

Basketball - Wrestling - Baseball - Golf - Tennis –  
Softball - Swimming - Lacrosse – Track

**Due Before: 3/8/21**

Soccer Packet due before: **2/15/21**

***A fully completed athletic clearance packet is required to try out or participate in the above listed athletics (\*clubs required, as well)***

***Please turn in all Clearance Packets to the Athletic Trainer, in the Athletic Training Office, before the above due date. Late or incomplete packets could delay your start.***

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**ASB Sticker:** To help defray the cost of Officials and Tournaments all athletes are encouraged to purchase an optional \$45 ASB Sticker. This sticker provides free admission to all home regular season sporting events, discounted dance tickets and various other savings.

**Transportation Donations:** All bus transportation for athletic events will be funded through donations. Each sport is responsible for raising their funds for transportation. Students are encouraged to make a transportation donation to their team(s) effort.

ASB Sticker: **\$45**

Transportation

Donation: **\$45**\_\_\_\_\_ **\$90**\_\_\_\_\_ **Other**\_\_\_\_\_

**\*Make checks payable to MHHS and return to the Finance Office for Jolene Clark**

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## Grizzly Supporter Donation

If you can help support our athletes with an additional donation, please use this opportunity to do so.

Please make checks payable to **MHHS**, and write **Grizzly Supporter** on the memo line. **Return to Finance Office for Jolene Clark.**

**\$25**\_\_\_\_\_ **\$50**\_\_\_\_\_ **Other**\_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

## Physical Examination (To be completed by medical personnel)

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_

Vision (optional) Left eye 20/\_\_\_\_ Right eye 20/\_\_\_\_

1.	Skin	
2.	Head	
3.	Eyes (PERL, EOMI, Fundi)	
4.	Ears, nose, throat	
5.	Neck	
6.	Lymphatic	
7.	Respiratory	
8.	Cardiovascular	
	Heart (murmurs?)	
9.	Abdomen	

10.	Genitalia (optional)	
11.	Extremities	
12.	Neurological	
13.	Orthopedic	
	Cervical spine/back	
	Arms/elbows/wrist/hands	
	Hips	
	Knees	
	Ankles / feet	
14.	Developmental	
	Tanner staging 1-5 (opt)	

√ = WNL X = omitted + = see "Notes" below

### Please check one:

\_\_\_\_\_ Full, unrestricted clearance

\_\_\_\_\_ Not cleared. Needs clearance by specialist: (Please note below)

\_\_\_\_ Orthopedist \_\_\_\_ Cardiologist \_\_\_\_ Other

Notes: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Effective May 4, 2011, screenings may only be performed by licensed MD, DO, PAC, and NP.**

**Also, screening must be performed after June 3, 2020 for 2020-2021 school year participation. \*\***

### Athletic Screening performed by:

Print \_\_\_\_\_ MD / DO / PAC / NP (circle one)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Place Practitioner Office Stamp Here (Required)**

# Medical History Questionnaire

- |  |     |    |
|--|-----|----|
| 1. Have you ever been hospitalized overnight?  | Yes | No |
| Have you ever had surgery?   | Yes | No |
| 2. Are you currently taking medication?  | Yes | No |
| 3. Do you have any allergies (medicines, pollen, bees)?                                  | Yes | No |
| List allergies: _____  |     |    |
| 4. Have you ever passed out during exercise? (Not from heat)                             | Yes | No |
| Have you ever been dizzy during exercise? (Not from heat)                                | Yes | No |
| Have you ever had chest pain?  | Yes | No |
| Do you tire more quickly than your friends during exercise?                              | Yes | No |
| Have you ever had high blood pressure?   | Yes | No |
| Have you ever been told you have a heart murmur?   | Yes | No |
| Have you ever had racing of your heart or skipped beats?                                 | Yes | No |
| Has anyone in your family died of heart problems or a sudden death before the age of 40? | Yes | No |
| Does anyone in your family have Marfan's Syndrome?                                       | Yes | No |
| 5. Do you have any skin problems (itching, rashes, breaking out)?                        | Yes | No |
| 6. Have you ever had a head injury?  | Yes | No |
| Have you ever been knocked out?  | Yes | No |
| Have you ever had a seizure?   | Yes | No |
| Have you ever had pain from neck into arm?   | Yes | No |
| 7. Have you ever had heat cramps?  | Yes | No |
| Have you ever been dizzy or passed out in the heat?                                      | Yes | No |
| 8. Do you use special pads or braces?  | Yes | No |
| 9. Have you ever injured (broken/fractured, sprained, or dislocated): (please check)     |     |    |
| ___hand/fingers ___shoulder ___hip ___shin/calf ___wrist/forearm                         |     |    |
| ___neck ___thigh ___elbow ___chest/ribs ___knee  |     |    |
| ___ankle ___upper arm ___back ___stress fracture   |     |    |
| 10. Have you ever had?   |     |    |
| ___mononucleosis ___diabetes ___measles ___hernia  |     |    |
| ___sickle cell trait/disease ___headaches ( <i>frequent</i> ) ___ulcers ___hepatitis     |     |    |
| ___asthma ___eye/ear injuries ___tuberculosis  |     |    |
| 11. When was your last tetanus shot? Month _____ Date _____ Year _____                   |     |    |
| 12. About your weight: do you think you are:   |     |    |
| ___just right ___too heavy/fat ___too light/thin   |     |    |
| 13. Do you like to drink dairy (milk) products?  | Yes | No |
| 14. For Females:   |     |    |
| When was your first period and how old were you? _____                                   |     |    |
| When was your last period? _____   |     |    |
| 15. Please feel free to ask the doctor to address any questions/concerns that you have   |     |    |

Explain all "Yes" responses to Questions 1-8: \_\_\_\_\_

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# Residential Eligibility

Student Name \_\_\_\_\_

Current Address \_\_\_\_\_

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Parent/Guardian Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

1. Is this the same residence you had last year? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Where did you start high school? \_\_\_\_\_

3. Who were you living with when you started high school or your last school of attendance?  
\_\_\_\_\_

4. If you have moved, did you move with the same people, caregivers, legal guardians, or family members to your current address? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you ever lived with anyone else? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Is your residence within SMUSD boundaries? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Did anyone influence you to come to this school? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Were you required to leave your former school? Yes \_\_\_\_\_ No \_\_\_\_\_

9. What sports and what level did you play at your last school (not for freshman)?  
\_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# Pre-Enrollment Contact

State CIF Bylaws require that all information provided in regards to any aspect of student eligibility to participate in athletics must be true, correct, accurate, and complete. State CIF Bylaws also require that parents, students, coaches, and school must disclose any pre-enrollment contact of any kind whatsoever with the parent or student during the 24 months prior to enrollment in the school.

**(required to be filled out each year)**

Check one box:

There has **no** pre-enrollment contact of any kind whatsoever during the previous 24 months with anyone at or associated with the school or its athletic programs.

There has been pre-enrollment contact during the previous 24 months with individuals at or associated with the school and its athletic programs. A true, correct, accurate, and complete disclosure of that contact is **explained below**:

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\_\_\_\_\_  
Parent/Guardian signature      Date      Student-Athlete signature      Date

State CIF Bylaws require that all information provided in regards to any aspect of student eligibility to participate in high school athletics must be true, correct, accurate, and complete. State CIF Bylaws also require that parents, students, coaches and schools must disclose any pre-enrollment contact of any kind whatsoever with the parent or student during the 24 months prior to enrollment in the school.

**Participation in this activity must be disclosed to the CIFSDS when requesting eligibility to participate in high school athletics beginning in the ninth grade. Participation in this activity may affect student eligibility to participate in high school athletics.**

\_\_\_\_\_  
Parent/Guardian signature      Date      Student-Athlete signature      Date

# Athletic Screening History & Physical Examination

## Explanation of Screening Physical

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son/daughter's dynamic ability to participate in a given sport so that obvious conditions that might be damaged or aggravated by competitive sports can be found, evaluated and treated to prevent further injury.

*\*\*Effective **May 4, 2011**, screenings may only be performed by licensed **MD, DO, PAC, and NP**.*

*Also, screening must be performed **after June 3, 2020** for **2019-2020 school year participation.**\*\**

**MISSION HILLS HIGH SCHOOL  
GRIZZLIES**



# SportsWare Online Injury Software Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

MHHS ID #: \_\_\_\_\_

Class: 2021 2022 2023 2024

Gender: Male Female

Birth Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Do you require an epi-pen?	Yes	No	
Do you have one?	Yes	No	Where? _____
Do you require an inhaler?	Yes	No	
Do you have one?	Yes	No	Where? _____
Are you Diabetic?	Yes	No	
Do you have a meter?	Yes	No	Where? _____
Do you require insulin?	Yes	No	

Previous Injuries (last 2 years): \_\_\_\_\_

\_\_\_\_\_

Sport(s) Played **Fall:** Football / CC / G. Tennis / G. Volleyball / FH / G. Golf  
*Or trying out for:* B. Water Polo / Cheer / Band (Drum & CG) / Dance  
(Please circle) **Winter:** B. Basketball / G. Basketball / B. Soccer / G. Soccer  
Wrestling / G. Water Polo  
**Spring:** Baseball / Softball / B. Volleyball / G. Lax / B. Lax  
B. Golf / Swim / Track

Primary Emergency Contact (**NAME**): \_\_\_\_\_

Home phone (if **NOT** Cell Phone): \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail address (if any): \_\_\_\_\_

Secondary Emergency Contact (**NAME**): \_\_\_\_\_

Home phone (if **NOT** Cell Phone): \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail address (if any): \_\_\_\_\_

# Parent/Student Authorization for Use of Private Vehicles for Student Transportation

I/We understand that participation in the listed field trip or school activity will on occasion require transportation by bus or private vehicle. These vehicles may be driven by bus drivers, staff members, parents or students themselves. I certify that when bussing to the activity is not made available, I will be responsible for transporting my daughter/son to the designated activity site. I accept the fact that my child may be released from school prior to the standard release time in order to be transported to the activity on a timely basis.

When transportation is not provided, I take full responsibility for arranging transportation of my son/daughter to and from the designated activity site. This may include arrangements with other adult drivers, my son/daughter driving themselves and driving with other licensed minors, as allowed by law (students). I understand and accept that school administration will not be responsible for supervising transportation once my child is released from school. I waive all claims against the District and State of California for any injury accident, illness or death occurring during or be reason of the transportation arrangement that I have made to and from the school activity. I certify that my daughter/son will be transported by a licensed driver, with State of California required insurance coverage, and in a safe and legal manner.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Athletics Participation Permission, Waiver Release and Indemnity Agreement

I/We, \_\_\_\_\_, am/are the parent(s) or legal guardian(s) of \_\_\_\_\_ (the "Student"). I/We hereby give full consent and permission for the Student to participate in the San Marcos Unified School District ("School") after-school athletic program in the sport(s) or sporting event(s) of \_\_\_\_\_ ("Athletic Activity"). I/We understand that the Student's participation is completely voluntary. I/We do hereby affirm and acknowledge that I/we have been fully informed of the inherent hazards and risks associated with Athletic Activity. In consideration of the Student being permitted to participate in the Athletic Activity, the undersigned, parent(s) or legal guardian(s) of the student, hereby agree(s) to the following terms and conditions set forth below:

1) Participation: Permission is granted for the Student to participate in the Athletic Activity with the understanding that participation in the Athletic Activity is not required but is voluntary.  
2) Risks: I/We understand and acknowledge that certain risks are inherent in participation in all sports or sporting events, including this Athletic Activity and that those risks include but are not limited to:

- a) Colliding, hitting, rushing, running into, or making physical contact with opposing players, the Student's teammates, coaches, athletic staff, referees, or spectators;
- b) Tripping, falling, diving, sliding, running into, being struck by or making physical contact with the ball, ground, all, objects of athletic equipment;
- c) Minor injuries such as scratches, bruises and sprains;
- d) Major injuries such as eye injury or loss of sight, neck or spinal cord injuries, joint or back injuries, concussion, serious brain damage, fractures, ligament and/or cartilage damage, and injury to virtually all internal organs;
- e) Catastrophic injuries including paralysis and death;
- f) The dangers inherent in any type of transportation, including, riding in private cars, buses or any other type of private or public transportation to and from the Athletic Activity;
- g) The dangers being in a place open to the public;
- h) Exposure to harsh or extreme weather, climate or environment;
- i) Exposure to bug bites, allergens, toxins and Acts of God;
- j) Exposure to conditions of the playing surface, including holes, divots, clumps of grass, debris or another potential tripping hazards;

I/We assume liability and responsibility for any such risks associated with participation in the Athletic Activity, whether or not specifically described in this Agreement, known or unknown, inherent or otherwise.

3) Expectations: I/We understand and acknowledge that the Student is expected to abide by all School rules during the course of the Athletic Activity and conduct him or herself in an exemplary social manner and display good sportsmanship at all time. I/We agree to direct the Student to cooperate with the School rules and directions and instructions of the coaches or other supervisory personnel in charge of the Athletic Activity.

4) Concussion Information Sheet: I/We acknowledge that I/We have received, read and understand the School's "Concussion Information Sheet" to School before the Student can participate in Athletic Activity. I/We agree to notify the Students coaches and athletic trainer immediately if I/We suspect that the Student has suffered a concussion or notice a change in the Student's behavior, mental state or physical condition consistent with the signs of concussion outline in the Concussion Information Sheet.

5) Hold Harmless: I/We acknowledge that, as a condition of the Student's participation in this Athletic Activity, I/We hold harmless and waive any and all claims against the School. Its officers, employees, representatives, agents, students, and volunteers, including but not limited to claims arising out of any ordinary negligence of an officer, employee, representative, agent, student or volunteer of the School, or any loss or damage to personal property occurring during or by reason of the Student participating in this Athletic Activity.

# Heat Illness Information Sheet

Exercise produces heat within the body and can increase the player's body temperature. Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Environmental hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high. Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, but just plain water is all that is really required because the athlete will replace lost minerals with his/her normal diet.

<b>HEAT EXHAUSTION:</b>		<b>HEAT STROKE:</b>	
Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97 <sup>o</sup> and 104 <sup>o</sup> Fahrenheit.		Dysfunction or shutdown of body systems due to elevated body temperature that cannot be controlled. Occurs with a body-core temperature greater than 107 <sup>o</sup> Fahrenheit.	
<ul style="list-style-type: none"> <li>• Dizziness</li> <li>• Lightheaded</li> <li>• Weakness</li> <li>• Profuse sweating</li> <li>• Headache</li> <li>• Nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Hyperventilation</li> <li>• Diarrhea</li> <li>• Decreased urine output</li> <li>• Pallor, chills</li> <li>• Cool, clammy skin</li> </ul>	<ul style="list-style-type: none"> <li>• Dizziness</li> <li>• Weakness</li> <li>• Drowsiness</li> <li>• Hot, wet or dry skin</li> <li>• Disorientation</li> <li>• Hyperventilation</li> <li>• Seizures</li> <li>• Rapid heartbeat</li> </ul>	<ul style="list-style-type: none"> <li>• Low blood pressure</li> <li>• Behavioral/cognitive changes</li> <li>• Confusion, irritability, aggressiveness, hysteria, emotional</li> <li>• Vomiting, diarrhea</li> <li>• Loss of consciousness</li> </ul>
Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, cool body with fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital if recovery is not rapid. When in doubt, CALL 911.		<b>This is a Medical Emergency.</b> Death may result if not treated properly and rapidly. Stop exercise, CALL 911, remove from heat, remove clothing, immerse athlete in cold water tub for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.	

**GRADUAL ACCLIMATIZATION:** Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

**ADEQUATE HYDRATION:** The athlete should arrive at practice well hydrated to reduce the risk of dehydration. The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated. Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid. Athletes should be instructed to continue fluid replacement in between practice sessions.

\_\_\_\_\_  
Student-Athlete Printed Name

\_\_\_\_\_  
Student-Athlete signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# Prescription Opioid Information Sheet

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

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

<p><b>Side effects of Opioid use:</b></p> <ul style="list-style-type: none"> <li>• Tolerance—meaning you might need to take more for the same pain relief</li> <li>• Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped</li> <li>• Increased sensitivity to pain</li> <li>• Constipation</li> <li>• Nausea, vomiting, and dry mouth</li> <li>• Sleepiness and dizziness</li> <li>• Confusion</li> <li>• Depression</li> <li>• Low levels of testosterone that can result in lower sex drive, energy, and strength</li> <li>• Itching and sweating</li> </ul>	<p><b>Increased Risks for Opioid abuse:</b></p> <ul style="list-style-type: none"> <li>• History of drug misuse, substance use disorder, or overdose</li> <li>• Mental health conditions (such as depression or anxiety)</li> <li>• Sleep apnea</li> <li>• Older age (65 years or older)</li> <li>• Pregnancy</li> </ul> <p><b>Unless Specifically advised, medication to avoid include:</b></p> <ul style="list-style-type: none"> <li>• Benzodiazepines (such as Zanax or Valium)</li> <li>• Muscle Relaxants (such as Soma or Flexeril)</li> <li>• Hypnotics (such as Ambien or Lunesta)</li> </ul>
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If you are prescribed Opioids for pain:

- Never take opioids in greater amounts or more often than prescribed
- Follow up with your primary health care provider within 7 days.
  - Work together to create a plan on how to manage your pain
  - Talk about ways to help manage your pain that don't involve prescription opioids
- Never sell or share prescription opioids
- Never use another person's prescription opioids
- Store prescription opioids in a secure place and out of reach of others
- Safely dispose of unused prescription opioids
  - Community drug take back program
  - Flush them down the toilet

**For current and up to date information on drugs and drug overdose:**

[www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose)

<https://www.fda.gov/Drugs/ResourcesForYou/default.htm>

[www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline) (1-800-662-HELP)

\_\_\_\_\_  
Student-Athlete Printed Name

\_\_\_\_\_  
Student-Athlete signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# Athletics Participation Permission, Waiver Release and Indemnity Agreement (cont'd)

6) Release from Third-Party Liability: I/We understand that School is not an agent of, and has no responsibility for, any third party including without limitation any sponsor or program that may provide any services, equipment, training or activities, associated with the above mentioned Athletic Activity.

7) Indemnification: As a condition of the Student's participation in the Athletic Activity, I/We indemnify the School for all claims against the School from other individuals, entities, or other third parties, as a result of the Student's participation in the Athletic Activity and and/or conduct during the Athletic Activity, including but not limited to any injury, accident, illness, or death, or any loss or damage to personal property.

8) Medical Care: I/We consent to any of the staff, employees, agents and representatives of the School administering or consenting to the administration of such emergency medical care to the Student during the Athletic Activity, as such person deems appropriate in the circumstances, and hereby authorize medical treatment in case of emergency and to provide all relevant information requested in the emergency and medical information form below.

9) Medical Insurance: I/We understand and acknowledge that School does not carry or maintain health, medical, or disability insurance coverage for the Student and therefore I/We agree to assume the responsibility for any medical treatment rendered and/or expenses incurred by or on behalf of the Student for anything that occurs during the Athletic Activity.

10) Medical Conditions: Prior to and as a condition of the Student's participation in the Athlete Activity, I/We agree to provide the School current information concerning any medical or physical condition, which may interfere with the Student's participation in the athletic activity, which may require administration of medication, or which may requires immediate medical attention. I further agree to provide names and phone number of emergency contact for the Student.

11) Severability: I/We agree that this waiver release, and indemnity agreement is intended to be as broad and including as is permitted by the laws of the State of California and if any provision of this Agreement is held invalid or unenforceable, the remainder of this Agreement shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances.

## IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING

I/WE HAVE READ THIS "ATHLETICSPARTICIPATION PERMISSION, WIAVER, RELEASE AND INDEMNITY AGREEMENT" AND I/WE FULLY UNDERSTAND THE TERMS. I/WE UNDERSTAND THAT I/WE WAIVE LEAGEL RIGHTS BY SIGNING THIS DOCUMENT, AND I/WE SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I/WE KNOW OF THE INHERENT RISKS AND DANGERS INVOLVED IN PARTICIPATING IN ATHLETIC ACTIVITY AND AGREE THAT THE STUDETN VOLUNTARILY EXPOSES HIM OR HERSELF TO THOSE RISKS.

THIS IS TO CERTIFY THAT I/WE, AS PARENT(S) OR LEGAL GUARDIAN(S) OF THE STUDENT, DO CONSENT AND AGREE THAT THE STUDENT CAN PARTICIPATE IN ATHLETIC ACTIVITY PURSUANT TO THE "ATHLETICS PARTICIPATION PERMISSION, WIAVER, RELEASE AND INDEMNITY AGREEMENT."

\_\_\_\_\_  
Student-Athlete Printed Name

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Ethics in Sports

## III. Violations, Minimum Penalties, and Appeal Process

### 1. Behavior resulting in ejection of athlete or coach from contest: EJECTION POLICY:

Any coach, team attendant, or spectator ejected by a contest official from any contest for any reason, at any level, is suspended indefinitely from participation, practice, or attending (site and sound) any sports contest, until the first of the following occurs: the ejected person serves the tentative penalty recommended by the commissioner; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes.

Any player ejected by a contest official from any contest for any reason is suspended from participation in the next contest(s) until the tentative penalty recommended by the commissioner is served; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes.

**Players are permitted to practice with the team and attend contests, but not in game uniform, during the period of suspension. (Approved June 3, 2008, Board of Managers).**

Meetings will be scheduled at a time to be announced. There is no appeal of the Commissioner's decision. Telephonic and electronic meetings are not permitted. Additionally, any person ejected (coach, player, spectator) is required to attend a CIFSDS Ethics In Sports Sportsmanship Meeting, which will be held at a time to be announced. Failure to attend the sportsmanship meeting will result in immediate suspension of athletic eligibility or attendance (site and sound) at contests or practices until such time as the ejected person attends a Sportsmanship Meeting. (Approved June 7, 2005, Board of Managers).

### 2. Illegal participation in next contest by athlete ejected from previous contest.

Ineligibility for remainder of season for athlete. A written appeal may be made by the individual or school to the commissioner.

### 3. Second ejection of athlete or coach from any contest during one season.

Ineligibility of athlete for remainder of season or suspension of coach for remainder of season. A written appeal may be made by the school principal within two school days to the commissioner for reduction of penalty. Official to make report by the next school day to the commissioner.

## **Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest**

### **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 startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

#### Factors That Increase the Risk of SCA

- 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 abnormality, 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, 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 everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

#### **For more information about Sudden Cardiac Arrest visit:**

**Eric Paredes Save A Life Foundation** <http://www.epsavealife.org>  
**CardiacWise (20-minute training video)** <http://www.sportsafetyinternational.org>

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 Printed Name

\_\_\_\_\_  
Student-Athlete signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



# Sudden Cardiac Arrest Information

## 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 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

## Who is at risk for sudden cardiac arrest?

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

## What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, athletic trainer and school nurse about any diagnosed conditions.

## 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 accidentally 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.

# Ethics in Sports (cont'd)

## III. Violations, Minimum Penalties, and Appeal Process

### **4. When an athlete leaves the bench area or fielding position to begin a confrontation or leaves the bench area or fielding position to join an altercation.**

Ejection from the contest for those designated by the official, ineligibility for the next contest, probation for remainder of season. Those players involved are later identified, ineligible for next contest and probation for remainder of season. A written appeal may be made by the individual(s) or school to the commissioner. Official to make report by the next school day to the commissioner.

### **5. When more than two athletes leave the bench area or fielding position to begin a confrontation or leave the bench area or fielding position to join an altercation.**

Contest will be stopped by officials and coaches. Ejection from the contest for those athlete(s) designated by the officials. The team(s) that left the bench area must forfeit the contest, record a loss, and the team(s) and player(s) placed on probation for the remainder of the season. A written appeal may be made by the school(s) principal to the commissioner. A second infraction will result in cessation of the season for the team(s) and/or athlete(s). A written appeal may be made by the school(s) principal to the commissioner. Official to make report by the next school day to the commissioner.

### **6. Other acts committed by individuals or teams or acts committed at end of season.**

Commissioner, as authorized by Green Book, to determine and implement penalties up to and including career suspension for individuals and following year penalties for teams.

### **7. Use of an ineligible player in a contest.**

If a team uses an ineligible player in a contest(s), the contest(s) shall be forfeited. The number of forfeited contest(s) exceeds the maximum permitted in accordance with the CIFSDS Forfeit Policy (see Green Book) the team shall be excluded from CIFSDS playoffs.

If an ineligible individual is permitted to participate in an individual sport, that individual is excluded from playoffs, and the school is subject to penalties for a willful violation of a rule.

\*Commissioner, as authorized by Green Book, may determine and implement additional penalties up to and including career suspension for individuals and following year penalties for teams.

# Communication Guidelines

Both parenting and coaching are extremely challenging in today's world. By providing these helpful communication guidelines, we believe we can best help our athletes reach their potential and allow them to enjoy their high school sports experience.

- A. Communication parents can expect from the Athlete's coach:
  - Philosophy of the coach
  - Expectations of athlete and team
  - Location and times of all practices and games
  - CIF, District, school and team rules
  - Athlete's role on the team
  
- B. Communication that coaches can expect from parents:
  - Concerns expressed directly to the coaches
  - Specific questions about philosophy or expectations
  - Notification of any injuries or illness
  - Any absences prior to practices or games
  
- C. Appropriate concerns to discuss with coaches:
  - Treatment of your child (mentally or physically)
  - Ways a parent can help his/her student athlete improve
  - Concerns about your child's behavior
  - Failure to meet Coaching Responsibilities listed in Philosophy Statement
  
- D. Inappropriate concerns to discuss with coaches:
  - Playing time
  - Team strategy
  - Play calling
  - Another athlete

It can be very difficult to accept when your athlete is not playing as much as you may have hoped. Coaches make decisions based on what they believe to be in the best interest of the team. The coach must take into account all members of the team-not just one individual. As noted in the above lists, certain concerns should be discussed with the coach. Other decisions, like the examples on the list of "Inappropriate Concerns" must be left to the discretion of the coach.

## **Procedures of discussing concerns with coaches**

1. Call the coach at school and set up an appointment. Ask for the coach by name. If the coach is a JV or Frosh coach and/or is not a staff member, leave a message with the Varsity coach of that sport. If the Varsity coach is not a staff member, ask for his/her voicemail and call the Athletic Director to leave a message. Please do not attempt to confront a coach before or after a contest. This can be an emotional time for both the parent and the coach. Confrontations of this nature do not promote positive resolutions. If a satisfactory resolution between the parent and coach does not take place after the initial communication, proceed to Step 2.
  
2. Contact the Athletic Director. He/She will set up a meeting with the parent, coach and athlete. The Athletic Director will attempt to mediate a resolution. If a satisfactory resolution is not reached at the meeting, contact the administrator in charge of Athletics. The administrator will try to mediate a resolution.
  
3. If the above mediation fails, contact the principal for a meeting and resolution.

# Concussion Information Sheet (cont'd)

## 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 suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity for the remainder of the day after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance from a licensed health care professional. Close observation of the athlete should continue for several hours. As of January 1, 2015, California Assembly Bill 2127 and new CIF protocols require student-athletes who have sustained a concussion to complete a minimum of a 7-day graduated return to play concussion protocol and the following:

“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 (MD or DO)”.

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.cifeds.org/health-safety.html>

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140AB2127](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB2127)

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Student-Athlete Printed Name

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Student-Athlete Signature

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Date

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Parent/Guardian Printed Name

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Parent/Guardian Signature

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Date

# 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 cannot 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"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

## 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

# San Marcos Unified School District

## Athletic/Extra Curricular Pledge

Young people have the right to play on school team and participate in extra-curricular activities. Many times this right is confused with privilege and responsibility. When the student disregards his or her responsibility to the school and to the community which he is privileged to represent, and when the rules set up to protect the collective rights of the group are violated, this privilege may be taken away. All students representing SMUSD in athletics shall adhere to the following code of standards at all times on campus, in route to, during, and from athletic functions.

### Code of Standards

1. Each team is an individual situation and could have its own standards that are more restrictive than district or school policy. Violating team standards will result in disciplinary action and possible removal at the discretion of the coach and the school administration.
2. If a student is suspended from school; he/she is suspended from all group activities until reinstated to classes.
3. Students shall not:
  - a) Smoke or be in possession of tobacco (including chewing tobacco) (Ed. Code 48900, 48901)
  - b) Drink or be in the possession of alcoholic beverages (Ed. Code 48900, HS Code 11-53)
  - c) Use or be in the possession of dangerous drugs (Ed. Code 48900, HS Code 11053)
4. Students shall
  - a) Maintain high standards of citizenship and behavior.
  - b) Respect school personnel and property.

### Violations of Extra Curricular Policy

- A. Any member of a team apprehended with or under the influence of alcohol or other controlled substances (drugs) will be automatically suspended from school and his or her privilege of participation taken away for the remainder of that sport's season.
- B. Second time offenders will lose 12 months from the day of the infraction and possible expulsion from the school.
- C. Reinstatement after a suspension can be attained as follows:
- D. The student must initiate a request for a hearing with the Athletic Review board.
- E. The Athletic Review board shall consist of an Assistant Principal/Athletic Director, and the athlete's coaches and parents.
- F. The review board may or may not grant reinstatement. Final appeal of the decision may be made to the Principal.
- G. Less severe violations will result in an Athletic or Activity Review for disposition. The athlete's coach or the Athletic Director will conduct this review.
- H. All athletes must maintain a "C" (GPA of 2.0 on a 4.0 scale) average in order to participate in any extra-curricular activities. A one-time only, 6 week probation may be granted if the student/athlete has at least a 1.75 GPA.
- I. Participation in athletics/extra-curricular activities does involve the potential risk of minor, serious or fatal injury.

# Athletic/Extra-Curricular Pledge

- I. I will abide by the training rules at all times because of my desire to realize 100% of my potential and not because of fear of punishment.
- II. I will be neat in appearance.
- III. I will attend all practice sessions, meetings and contest. If for any reason I must miss a practice, meeting, or contest, I will contact my coach or advisor in advance.
- IV. I will be punctual at all meeting and practices, and at school for all classes.
- V. I will put forth 100% effort at all times.
- VI. I realize I will be punished or removed from my team for off campus involvement in drugs, alcohol, tobacco, anabolic steroids or criminal offenses.
- VII. I will use clean language to show respect for my parents, coaches, school and opponents.
- VIII. I will respect my teammates, their abilities, weaknesses and rights. The team will come before the individual.
- IX. I will study hard, complete my assignments and make every effort to earn a better than average academic grade.
- X. I will respect my equipment as if it were my own. I will pay for all issued items which are damaged or not returned. I realize I will not be allowed to participate on any team until previous athletic debts have been paid.
- XI. If I participate on an outside team in a different sport, my first obligation is to my sport at school. I am not allowed to participate in the same sport on an off campus team during the high school season.
- XII. I understand that hazing of any kind is not allowed on campus and in the athletic program. This includes mental, verbal, and physical acts. I further understand that I will report any acts of hazing that I see to a coach or administrator.

# Six Pillars of Character (cont'd)

TRUSTWORTHINESS   RESPECT   RESPONSIBILITY   FAIRNESS  
CARING   GOOD CITIZENSHIP

## SIXTEEN PRINCIPLES OF PURSUING VICTORY WITH HONOR

11. Everyone involved in competition including parents, spectators, associated student body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting, and inappropriate celebrations.
12. School Boards, superintendents, and school administrators of CIF member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of: 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character. 2) The physical capabilities and limitations of the age group coached as well as first aid and CPR. 3) Coaching principles and the rules and strategies of the sport.
13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.
14. To safeguard the health of athletes and the integrity of the sport, school sports programs must actively prohibit the use of alcohol, tobacco, drugs, and performance-enhancing substances, as well as demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school's name or reputation. There should be no undue interference or influence of commercial interests. In addition, sports programs must be prudent, avoiding undue financial dependency on particular companies or sponsors.
16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimension of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring, and good citizens.



# Six Pillars of Character

TRUSTWORTHINESS   RESPECT   RESPONSIBILITY   FAIRNESS  
CARING   GOOD CITIZENSHIP

## SIXTEEN PRINCIPLES OF PURSUING VICTORY WITH HONOR

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these “six pillars of character.”
2. It's the duty of School Boards, superintendents, school administrators, parents, and school sports leadership - including coaches, athletic administrators, program directors, and game officials - to promote sportsmanship and foster good character by teaching, enforcing, advocating, and modeling these “six pillars of character.”
3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical, and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.
4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules, and they must conduct themselves, on and off the field, as positive role models who exemplify good character.
5. School Boards, superintendents, school administrators, parents, and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents, and spectators.
6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.
7. The importance of character, ethics, and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.
8. School Boards, superintendents, school administrators, parents, and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.
9. School Boards, superintendents, principals, school administrators, and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical, and ethical well-being of student-athletes is always placed above desires and pressure to win.
10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.

# CIF California Interscholastic Federation

## SDS San Diego Section-Ethics in Sports (Revised 3/09)

### POLICY STATEMENT

- It is the mission of the California Interscholastic Federation, San Diego Section (CIFSDS) to promote high standards of sportsmanlike and ethical behavior in and around athletic contests played under its sanction and, in life, in general. Citizenship, Integrity, and Fairness are embodied in that mission. CIF and CIFSDS contests must be safe, courteous, fair, controlled, and orderly for the benefit of all athletes, coaches, officials, and spectators, and behavior by all involved at all times should manifest the highest standards of conduct.
- It is the intent of the section membership that poor sportsmanship, unethical behavior, and violence, in any form, will not be tolerated in athletic contests or practices. In order to enforce this policy, the membership, through its Board of Managers, has established rules and regulations.
- Coaches assume the responsibility to teach and demand high standards of conduct of their athletes both on the field of play and in everyday life, in season and out of season.
- It is the school principal's responsibility to enforce all CIFSDS rules and regulations and to demand high standards of conduct from coaches, athletes, parents/guardians, and spectators. The principal shall demand strict adherence to all the CIF State and CIFSDS rules, regulations, and procedures.
- Participation in interscholastic athletics and section playoffs is a privilege.
- The CIFSDS Board of Managers requires that the following Code of Ethics be issued to and signed by each student-athlete, parent, coach, and officials' association. Penalties for failure to submit a signed Code of Ethics are:
  1. Athlete – Ineligibility for participation in CIF-San Diego Section athletics
  2. Coach – Restricted from coaching in CIF-San Diego Section contests
  3. Officials Association – Not approved to officiate in the CIF-San Diego Section
  4. Parent – Prohibition/Removal from attendance at CIF or CIFSDS event
- Failure to abide by the standards of behavior as agreed will result in a penalty up to and including disqualification to participate.

### CODE OF ETHICS FOR STUDENT-ATHLETE, PARENT/GUARDIAN/CAREGIVER, COACH, CONTEST OFFICIAL

- A. Comply with the six pillars and 16 Principles of the Pursuing Victory with Honor program
- B. Be courteous at all times with school officials, opponents, game officials, & spectators.
- C. Exercise self-control.
- D. Know all rules of the contest, CIF State, and the CIFSDS and agree to follow the rules.
- E. Show respect for self, players, officials, coaches, and spectators.
- F. Refrain from the use of foul and/or abusive language at all times.
- G. Respect the integrity and judgment of game officials.
- H. An athletic director, sports coach, school official or employee or booster club/sport group member may not provide any muscle-building nutritional supplements to student-athletes at any time. A school may only accept an advertisement, sponsor, or donation from a supplement manufacturer that offers only non-muscle building nutritional supplements. A school may not accept an advertisement sponsorship or donation from a distributor of a dietary supplement whose name appears on the label. Permissible non-muscle building nutritional supplements are identified according to the following classes: Carbohydrate/electrolyte drinks; energy bars, carbohydrate boosters, and vitamins and minerals. (Revised - Federated Council May 2007.)
- I. **Win with character; lose with dignity.**

**Accept consequences of conduct deemed inappropriate or in violation of rules.**

**This form is provided for the coach. It will be taken with the team whenever the team practices or has games off campus. Please fill out completely and be specific.**

**- CONFIDENTIAL -  
EMERGENCY INFORMATION FORM FOR CO-CURRICULAR ACTIVITY  
MISSION HILLS HIGH SCHOOL  
2020-2021**

This form **MUST** be completed and signed by the student's parent/guardian. The form gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the student at parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization.

Student's Name	Student ID#
Parent/Guardian Name	Date of Birth
Address	Graduating Class (Year)
City/ZIP	Home Phone

**IN CASE OF EMERGENCY, A REPRESENTATIVE OF THE ATHLETIC DEPARTMENT HAS THE AUTHORITY TO SECURE MEDICAL OR SURGICAL TREATMENT AND TRANSPORT AS NECESSARY. WE WILL ATTEMPT TO CONTACT THE EMERGENCY CONTACTS LISTED BELOW.**

<b>EMERGENCY CONTACTS</b>	
Family Doctor:	Phone:
Primary Contact:	Phone:
Relationship to Student:	
Secondary Contact:	Phone:
Relationship to Student:	

**MISSION HILLS HIGH SCHOOL TRIP PERMISSION  
SCHOOL RULES ARE IN EFFECT FOR ALL SCHOOL-SPONSORED  
ACTIVITIES**

**I UNDERSTAND THAT BY SIGNING THIS FORM:**

1. I give my permission for my son/daughter to participate in MHHS athletics.
2. I give my permission for staff/chaperones to provide first aid care and secure emergency care at my expense if needed.
3. I release the San Marcos Unified School District, its officers, employees, agents or Mission Hills High School and its chaperones from any and all liability, loss, expense or claim for illness, injury or damages that may arise from participation in the athletics program or any associated activity. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.
4. I am aware that injuries may occur to the athlete while participating in interscholastic athletics. I have been advised of this danger.
5. I understand it is against school and CIF policy to use or be in the possession of anabolic steroids or other performance enhancing substances.

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**Parent/Guardian signature                      Insurance Company/Policy#                      Date**

## HEALTH INFORMATION

List below all information helpful to a physician in case of emergency and information school/staff chaperones need to be aware of for the student's safety. Updated information shall be provided by the parent/guardian at the time of change.

	USUAL SYMPTOMS	CARE OR MEDICATION NEEDED	METHOD OF ADMINISTRATION
<b>MEDICAL PROBLEMS:</b> Diabetes Asthma Seizures Other:			
<b>ALLERGIES :</b> Food Bee stings Medication Other:			

**CURRENTLY UNDER MEDICAL CARE? (Explain):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER FACTORS THAT MAY AFFECT THE CARE OF YOUR STUDENT.**  
**\*PLEASE BE SPECIFIC.\*** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL RECOMMENDATIONS:** \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATION:** An authorization with a physician's signature must be attached if the athlete takes any prescription medication. Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating desire that the District assist the student as set forth by the physician. I understand that staff/chaperones may assist my student in taking the medicine(s) as directed by my physician. I will provide the medicine(s) in the prescription container(s) labeled with the name of my student, the prescribing physician's name, and the time and dosage of medication prescribed.

I agree to hold harmless and indemnify the San Marcos Unified School District, its officers, employees, agents or Mission Hills High School and its chaperones from and against any and all liability, loss, expense or claims for illness, injury or damage any student may incur from medication assistance.

\_\_\_\_\_  
**Parent/Guardian Printed Name      Parent/Guardian signature      Date**