

Pioneer Valley High School

675 Panther Drive Santa Maria, CA 93455

805-922-1305

PHYSICAL FORM

Date of Exam: _____

HISTORY FORM -PG 1

Student's Name: _____	Sex: M / F	Age: _____	Date of Birth: _____	Grade: _____
Address: _____		City: _____		Phone: _____
Sport (s): _____		Level: ___ Varsity ___ JV ___ Fresh		

Parents, please fill out prior to physical. Explain "Yes" answers below. Circle questions you don't know the answer to.

- | | Yes | No | | Yes | No | | | | | | | | | | | | | | |
|--|--------------|-----------|--|-----------|----------|-----------|-------|---------|--------------|-------|------|-----|-------|------|-----------|-------|-----------|-----|-----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reasons. | ___ | ___ | 24. Do you cough, wheeze or have difficulty breathing during or after exercise? | ___ | ___ | | | | | | | | | | | | | | |
| 2. Do you have an ongoing medical condition? | ___ | ___ | 25. Anyone in your family who has asthma? | ___ | ___ | | | | | | | | | | | | | | |
| 3. Are you currently taking any medicines? | ___ | ___ | 26. Ever used an inhaler or taken asthma med? | ___ | ___ | | | | | | | | | | | | | | |
| 4. Do you have allergies to medicine, foods etc? | ___ | ___ | 27. Were you born w/o or missing a kidney, eye, testicle or any other organ? | ___ | ___ | | | | | | | | | | | | | | |
| 5. Have you ever passed out or nearly passed out DURING exercise? | ___ | ___ | 28. Ever had infectious mononucleosis within the last month? | ___ | ___ | | | | | | | | | | | | | | |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | ___ | ___ | 29. Ever had rashes, pressure sores or other skin problems? | ___ | ___ | | | | | | | | | | | | | | |
| 7. Have you ever had discomfort, pain or pressure in your chest during exercise? | ___ | ___ | 30. Ever had a herpes skin infection? | ___ | ___ | | | | | | | | | | | | | | |
| 8. Does your heart race or skip beats during exercise? | ___ | ___ | 31. Ever had a head injury or concussion? | ___ | ___ | | | | | | | | | | | | | | |
| 9. Has a doctor ever told you that you have:
___ High blood pressure ___ A heart murmur
___ High cholesterol ___ A heart infection | ___ | ___ | 32. Been hit in head & been confused or lost memory? | ___ | ___ | | | | | | | | | | | | | | |
| 10. Has a doctor ever ordered a test for your heart? | ___ | ___ | 33. Ever had a seizure? | ___ | ___ | | | | | | | | | | | | | | |
| 11. Anyone in your family died for no apparent reason? | ___ | ___ | 34. Do you have headaches with exercise? | ___ | ___ | | | | | | | | | | | | | | |
| 12. Anyone in your family have a heart problem? | ___ | ___ | 35. Ever had numbness, tingling or weakness in your arms or legs after being hit or falling? | ___ | ___ | | | | | | | | | | | | | | |
| 13. Has any family member or relative died of heart problems or sudden death before age 50? | ___ | ___ | 36. Ever been unable to move your arms or legs after being hit or falling? | ___ | ___ | | | | | | | | | | | | | | |
| 14. Anyone in your family have Marfan syndrome? | ___ | ___ | 37. When exercising in the heat, do you have severe muscle cramps or become ill? | ___ | ___ | | | | | | | | | | | | | | |
| 15. Ever spent the night in a hospital? | ___ | ___ | 38. Has a doctor ever told you that you or someone in your family has sickle cell trait/disease? | ___ | ___ | | | | | | | | | | | | | | |
| 16. Ever had surgery? | ___ | ___ | 39. Have any problems with your eyes or vision? | ___ | ___ | | | | | | | | | | | | | | |
| 17. Ever had an injury like a sprain, muscle or ligament tear or tendonitis that caused you to miss practice/game?
<u>If yes, circle affected area below:</u> | ___ | ___ | 40. Do you wear glasses or contacts? | ___ | ___ | | | | | | | | | | | | | | |
| 18. Ever had any broken/fractured bones or dislocated joints? <u>If yes, circle below:</u> | ___ | ___ | 41. Do you wear protective eyewear? | ___ | ___ | | | | | | | | | | | | | | |
| 19. Ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehab, physical therapy, a brace, cast or crutches? <u>If yes, circle below.</u> | ___ | ___ | 42. Are you happy with your weight? | ___ | ___ | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Head</td> <td style="padding: 2px;">Neck</td> <td style="padding: 2px;">Shoulder</td> <td style="padding: 2px;">Upper arm</td> <td style="padding: 2px;">Elbow</td> </tr> <tr> <td style="padding: 2px;">Forearm</td> <td style="padding: 2px;">Hand/fingers</td> <td style="padding: 2px;">Chest</td> <td style="padding: 2px;">Back</td> <td style="padding: 2px;">Hip</td> </tr> <tr> <td style="padding: 2px;">Thigh</td> <td style="padding: 2px;">Knee</td> <td style="padding: 2px;">Calf/shin</td> <td style="padding: 2px;">Ankle</td> <td style="padding: 2px;">Foot/toes</td> </tr> </table> | | | Head | Neck | Shoulder | Upper arm | Elbow | Forearm | Hand/fingers | Chest | Back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot/toes | ___ | ___ |
| Head | Neck | Shoulder | Upper arm | Elbow | | | | | | | | | | | | | | | |
| Forearm | Hand/fingers | Chest | Back | Hip | | | | | | | | | | | | | | | |
| Thigh | Knee | Calf/shin | Ankle | Foot/toes | | | | | | | | | | | | | | | |
| 20. Ever had a stress fracture? | ___ | ___ | 43. Are you trying to gain/lose weight? | ___ | ___ | | | | | | | | | | | | | | |
| 21. Ever been told that you have or had an x-ray for Atlantoaxial (neck) instability? | ___ | ___ | 44. Has anyone recommended you change your weight or eating habits? | ___ | ___ | | | | | | | | | | | | | | |
| 22. Do you regularly use a brace or assistive device? | ___ | ___ | 45. Do you limit or carefully control what you eat? | ___ | ___ | | | | | | | | | | | | | | |
| 23. Do you have asthma or allergies? | ___ | ___ | 46. Do you have any concerns that you would like to discuss with a doctor? | ___ | ___ | | | | | | | | | | | | | | |
| | | | FEMALES ONLY | | | | | | | | | | | | | | | | |
| | | | 47. Have you ever had a menstrual period? | ___ | ___ | | | | | | | | | | | | | | |
| | | | 48. How old were you when you had your first menstrual period? | ___ | ___ | | | | | | | | | | | | | | |
| | | | 49. How many periods in the last 12 months? | ___ | ___ | | | | | | | | | | | | | | |
| | | | Explain "Yes" answers here: _____ | | | | | | | | | | | | | | | | |
| | | | _____ | | | | | | | | | | | | | | | | |
| | | | _____ | | | | | | | | | | | | | | | | |

PARENT PERMISSION FOR STUDENT TO PARTICIPATE IN ATHLETIC COMPETITION AND FOR THE PHYSICAL TO BE PERFORMED. I hereby give consent for my child to receive a physical exam from a doctor for the purpose of completing in athletics at Pioneer Valley High School and also state, that to the best of my knowledge, my answers to the above questions are complete and correct. I hereby give my consent for my son/daughter to compete in athletic competition. In case this student is injured, the coaches are authorized to have him/her treated. I also understand and agree to adhere to the PVHS provisions of the Athletic Department Participation Contract.

This form must be returned to the Athletic Dept. prior to any form of practice and or play.

Parent / Guardian Signature

Date

Athlete's Signature

PHYSICAL FORM

EXAMINATION FORM - PG 2

Student's Name: _____

Date of Birth: _____

Height: _____ **Weight:** _____ **Pulse:** _____ **BP:** _____

Medical	Normal	Abnormal	Initials
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

CLEARED TO PLAY SPORTS **NOT CLEARED TO PLAY SPORTS** Comment: _____

Name of Physician (**Please print / type**): _____ Date: _____

Signature of Physician: _____ Phone: _____

Address: _____

“This is for athletic participation only and is not intended to be a comprehensive medical evaluation. Certain conditions may exist which may not be identified by this screening. Your personal doctor should be contacted for comprehensive evaluation and screening.”

Student Athletes need a current physical each school year to participate in athletics, cheer or dance.

Consent for Emergency Treatment in Advance

Please print all information

Athlete's Last Name: _____ First: _____ Middle: _____ Date of Birth: _____

Address: _____ City: _____ Phone: _____

Allergies: _____ Medications: _____

Personal Doctor: _____ Doctor's Phone: _____

Mother's Name: _____ Phone: _____ Cell: _____ Work: _____ Ext. _____

Father's Name: _____ Phone: _____ Cell: _____ Work: _____ Ext. _____

Other Emergency Contact, Name: _____ Phone: _____ Cell: _____

“We, the parents/guardians of the above named athlete, do hereby consent to any and all emergency medical, hospital and surgical care that may be necessary by a physician, without obtaining further consent provided that the hospital is unable to reach us at the phone numbers listed above.”

Today's Date: _____ **Parent / Guardian Signature:** _____

CIF CONCUSSION INFORMATION SHEET

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB25 (effective January 1, 2012) now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451). As well as certification in First Aid training, CPR and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly	<ul style="list-style-type: none">• Slurred speech• Shows a change in personality or way of acting• Can't recall events before or after the injury• Seizures or has a fit• Any change in typical behavior or personality• Passes out
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Symptoms may include one or more of the following:

<ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or throws up• Neck pain• Has trouble standing or walking• Blurred, double, or fuzzy vision• Bothered by light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Loss of memory• "Don't feel right"• Tired or low energy• Sadness• Nervousness or feeling on edge• Irritability• More emotional• Confused• Concentration or memory problems• Repeating the same questions/comment
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What is Return to Learn?

Following a concussion, student athletes may have difficulties with short-and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. (AB 2127, a California state law effective 1/15/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.)

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References

- American Medical Society for Sports Medicine position statement; concussion in sport (2013)
- Consensus statement on concussion in sport; the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

School: _____

CIF Concussion Information Sheet

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2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

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

<http://www.cdc.gov/concussion/HeadUp/youth.html>

I acknowledge that I have received and read the CIF Concussion Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date

CONCUSSION RETURN TO PLAY PROTOCOL

CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.

Instructions:

*This graduated return to play protocol **MUST** be completed before a student athlete can return to FULL COMPETITION.*

- A certified athletic trainer (AT), physician, and/or identified concussion monitor (e.g., coach, athletic director) must monitor your progression and initial each stage after you have successfully pass it.
- Stages I to II-D take a *minimum* of 6 days to complete
- You must be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- You must complete one full practice *without restrictions* (Stage III) before competing in first game.

After Stage I you cannot progress more than one stage per day (or longer if instructed by your physician).

If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.

Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician)				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days AFTER you have seen a physician	<ul style="list-style-type: none"> • No activities requiring exertion (Weight lifting, jogging, P.E. classes) 	<ul style="list-style-type: none"> • Recovery and elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none"> • 10-15 minutes (<i>min</i>) of walking or stationary biking. • Must be performed under direct supervision by designated individual 	<ul style="list-style-type: none"> • Increase heart rate to no more than 50% of perceived maximum (<i>max</i>) exertion (e.g., 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity (Light resistance training)	<ul style="list-style-type: none"> • 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total 	<ul style="list-style-type: none"> • Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity (Moderate resistance training)	<ul style="list-style-type: none"> • 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight 	<ul style="list-style-type: none"> • Increase heart rate to > 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills (No restrictions for weightlifting)	<ul style="list-style-type: none"> • Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat 	<ul style="list-style-type: none"> • Add total body movement • Monitor for symptom return
Minimum of 6 days to pass Stages I and II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor				
	III	Limited contact practice	<ul style="list-style-type: none"> • Controlled contact drills allowed (no scrimmaging) 	<ul style="list-style-type: none"> • Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> • Return to normal training, with contact • Return to normal unrestricted training 	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice (<i>If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above</i>)				
	IV	Return to play (competition)	<ul style="list-style-type: none"> • Normal game play (competitive event) 	<ul style="list-style-type: none"> • Return to full sports activity without restrictions

Athlete's Name: _____ **Date of Concussion Diagnosis:** _____

ATHLETICS AND EXTRACURRICULAR ACTIVITIES

Santa Maria Joint Union High School District ATHLETIC/EXTRA-CURRICULAR CODE AND CONTRACT

PHILOSOPHY

The development of a well-rounded student is a major goal of all educational institutions, and the Santa Maria Joint Union High School District encourages all students to participate in a varied extra-curricular activity's program. It is the belief of the District that a strong extra-curricular program creates and maintains positive school spirit and fosters student responsibility.

Participation in extra-curricular activities is a privilege, not a basic right of all students. The school has the authority to revoke this privilege. Certain rules have been established for all students who become involved in the extra-curricular program. The Athletic/Extra-curricular Code and Contract sets forth these expectations.

ELIGIBILITY

Students must have a 2.0 grade point average and pass 20 credits at each grading period to participate in extra-curricular activities. An ineligible student is expected to attend the athletic conditioning physical education class and may practice during his/her period of ineligibility. An ineligible student may not compete or travel with the team at any home, away, neutral site, or tournament game unless he/she qualifies and exercises their one-time waiver (Please see next section for waiver eligibility).

ACADEMIC WAIVER FOR ACADEMIC ELIGIBILITY

All students entering a Santa Maria Joint Union High School District school may use an academic waiver one time in their high school career at any of the schools in the district. This waiver may only be used for 1 academic grading period and students must meet the following criteria to receive an academic waiver:

- The participant must have at least a 1.5 G.P.A. for the last recorded grading period used to determine eligibility.
- The participant must be on a varsity level team.
- The Athletic Director, the coach, the parent/s and/or guardian/s of the participant must all agree on the use of the academic waiver.
- The participant must utilize one of the interventions on a weekly basis to continue on the waiver. This may include but not be limited to before/after school tutoring, student study teams, weekend/Saturday classes, or department tutoring.
- The participant must meet all other C.I.F., district, school, and team requirements during the waiver period.
- Other

P.E. CREDIT FOR ATHLETICS

All students who enroll in an athletic physical education course will receive a grade of credit or no-credit.

BEHAVIOR

All extra-curricular participants are expected to display reasonable behavior, respect the rights of others and abide by school rules. All rules and consequences in the Santa Maria Joint Union High School District Discipline Handbook apply before, during, and after all extra-curricular school events. Suspension from school will carry additional consequence(s) or removal from extra-curricular activities, including practice, for the period of suspension and/or may result in removal from the activities beyond the period of suspension. Any inappropriate behavior will carry an additional consequence of possible suspension from school and/or activity. All extra-curricular participants should not be in the presence of another or others where illegal use of alcoholic beverages and/or drugs is taking place.

ANY CONDUCT DETRIMENTAL TO THE REPUTATION OF THE ATHLETIC DEPARTMENT

Any documented incident involving the actions listed below will result in the additional disciplinary actions taken by the high school administrative staff under **FIRST OFFENSE/SECOND OFFENSE**.

- Proximity of illegal activity
- Conduct that results in legal consequences
- Severe violations such as vandalism, theft, possession of weapon, harassment, hate crime, verbal abuse of other students or adults, mutual combat, unprovoked assault.
- Documented substance abuse, possession of alcohol or any other intoxicant or mind altering chemical or substance or paraphernalia on or off campus at any time during the school year, including summer.
- Possession or use of tobacco.
- Other
-

Disciplinary Action

- **FIRST OFFENSE:** Student will be suspended from extra-curricular participation for a period of thirty calendar days from notification date to the administration of the documented incident. The suspension **MUST** also include (2) weeks of athletic contests. During the suspension, the student **MUST** attend four (4) counseling sessions with an agency set forth in the parent conference. Failure to attend the counseling sessions will result in moving to the second level (**SECOND OFFENSE**).
- **SECOND OFFENSE:** Student will be suspended from extra-curricular participation for a period of one calendar year from the notification date of the documented incident. A program of counseling for the individual will be established during a parent conference.

ATTENDANCE

Participants must attend 2 out of 3 block classes or 4 out of 6 normal schedule classes (excluding athletic P.E. classes) during the school day of the extra-curricular event. Any exception must have prior approval from the principal or administrator in charge of the extra-curricular activity. Truancy/cuts will result in disciplinary action that suspends participation in forthcoming events.

Disciplinary Action

- **FIRST OFFENSE:** Student will be suspended from extra-curricular participation for a period of 10% of the scheduled season from the notification date of the documented incident. The suspension **MUST** also include at least (1) week of athletic contests.
- **SECOND OFFENSE:** Student will be suspended from extra-curricular participation for a period of thirty calendar days from notification date of the documented incident. The suspension **MUST** also include (2) weeks of athletic contests.

TRANSPORTATION

Participants must travel to and from contests in transportation provided for or arranged by the school. Exceptions require prior written arrangement between participant's parent/guardian and either the coach or athletic director one day prior to the event. Students may be released to their parent or guardians following any contest, however, under no circumstances are athletes to be released to any other parent without prior written arrangement one day in advance. No student shall drive themselves or others to or from any off campus extra-curricular event. An exception to allow a student to drive himself/herself to an off-campus event may be granted by the principal or athletic director through an authorized administrative, parent and student signed waiver.

FINANCIAL RESPONSIBILITY

All participants are financially responsible for all equipment checked out to them. Failure to return equipment in reasonable condition may result in an incomplete grade, the withholding of transcripts, senior activities, prom, and registration for the following semester and/or of the privilege to continue in the program until the debt is cleared.

DROPPING AN ACTIVITY

No participant may drop one activity and become involved in another without the mutual consent of all parties involved.

EXTRA-CURRICULAR ELIGIBILITY APPEALS COMMITTEE

An extra-curricular appeals committee composed of no less than three appropriate staff or faculty members, will review all appeals regarding eligibility and violations of this Code and Contract.

I understand and agree to abide by the terms of the Athletic/Extra-curricular Contract for the duration of the school year.

(Print Student Name)

(Student Signature)

(Date)

(Print Parent Name)

(Parent Signature)

(Date)



Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

RETURN ALL COMPLETED FORMS TO THE ATHLETIC TRAINER OR OFFICE

This form must be signed by a parent or guardian for both consent for medical attention, risk acknowledgement and insurance coverage. If you do not have insurance coverage or would like to acquire additional coverage, it may be purchased through the school district.

CONSENT OF PARENT FOR MEDICAL ATTENTION

I hereby give my consent for _____ to compete in sports and to go with a representative of the school on any trips. In case of accident, or injury, when medical attention is required for my son/daughter/ward and you are unable to locate me, I authorize the school to engage at my expense the service of a qualified doctor or hospital.

Doctor: _____ Doctor's Telephone #: _____ Hospital: _____
If neither of the above is available, I authorize the school to secure the services of a qualified doctor, hospital or emergency services.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

INSURANCE COVERAGE

California Law (Education Code-Section 32220, 32224) requires every member of an athletic team to have accidental bodily injury insurance providing at least \$1,500 of scheduled medical and hospital benefits. If you have insurance please complete the following: I, the undersigned, certify that _____ is insured in the amount of on less than \$1,500 for medical/hospital expenses resulting from accidental bodily injuries, as required by sections 32220, 32224 of the California Education Code.

Carrier or Insurance Company Policy Number Type (i.e. PPO) Signature of Parent/Guardian

I would like to purchase insurance ____ Yes ____ NO
I would like to purchase tackle football (only for football athletes) ____ Yes ____ No

STUDENT/PARENT RISK ACKNOWLEDGEMENT AND CONSENT FOR PARTICIPATION

_____ (student's name) wishes to participate in the Pioneer Valley High School Athletic program. We realize that there are risks involved in participating that include a full range of injuries, from minor to severe. We recognize the possibility that the athlete might die, become paralyzed, or suffer other permanent disability as a result of participation in this sport program. We agree to accept this risk as a condition of participation.

Parent/Guardian Date

Student Signature Date

EMERGENCY CONTACT

_____ Student's Name	_____ Birth Date	_____ Gender	_____ Grade
_____ Student's Residence	_____ Allergies/Medications		
_____ Parent/Guardian #1 Name	_____ Cell Phone	_____ Home Phone	
_____ Parent's Place of Employment	_____ Work Phone		
_____ Parent/Guardian #2 Name	_____ Cell Phone	_____ Home Phone	
_____ Parent's Place of Employment	_____ Work Phone		

Parent/Guardian and Pupil Sudden Cardiac Arrest Warning Signs and Symptoms Information and Acknowledgment Form

On July 1, 2017, Assembly Bill 1639, known as the Eric Paredes Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form, a form located on the California Interscholastic Association (CIF) website, or design their own form. An SCA acknowledgment form must be signed and returned to the school site each school year.

What Is SCA?

SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

Who Is at Risk for SCA?

Thousands of sudden cardiac arrests occur among youth each year, as it contributes to the #2 medical cause of death of youth under the age of 25 and is the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or 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 that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

Possible Warning Signs and Risk Factors

- 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
- Family history of sudden death or heart disease under age 50
- Use of high-caffeine supplements, energy drinks, diet pills, and drugs

Removal from Activity

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a physician and surgeon, nurse practitioner or physician's assistant. I have reviewed and understand the symptoms, warning signs, and risk factors associated with SCA.

Print Student-Athlete Name	Signature Student-Athlete Name	Date
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Print Parent/Guardian Name	Signature Parent/Guardian	Date
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The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/>), Eric Paredes Save a Life Foundation: Keep Their Heart in the Game (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>).