

DIRECTIONS FOR ATHLETICS CLEARANCE PACKETS

1. Students must complete a new Athletics Clearance Packet each school year before they begin sports practice. The completed Athletics Clearance Packet must be submitted to the School Office for approval. When the Athletics Clearance Packet is approved, the blue Emergency Medical Information/Parent Consent Card will be stamped and sent to the coach or given to the student to take to the coach.
2. All the forms in the Athletics Clearance Packet must be completed, including all parent and student signatures and a Preparticipation Physical Evaluation (Sports Physical) signed by a medical doctor. It has been determined by the Shasta Union High School District that **a Sports Physical administered by a chiropractor does not meet the criteria for an athletics physical.**
3. After the initial Athletics Clearance Packet has been submitted for the first sport of the school year, it is thereafter only necessary to complete a limited Athletics Clearance Packet containing a new blue Emergency Medical Information/Parent Consent Card, an Insurance Certification Statement, and a Verification of Eligibility (grade check) and submit them to the School Office for approval prior to beginning practice for each subsequent sport you participate in.
4. Students are required to earn a minimum of a 2.0 grade point average (GPA) during the preceding quarter grading period in order to participate in athletic programs. A student who achieves lower than a 2.0 GPA may apply for academic probation for one grading period (one quarter). The student must pass 20 semester units. If a student who is granted academic probation has not earned a minimum of a 2.0 GPA by the end of the next quarter grading period, he/she will become ineligible for further participation. A student may apply for and be granted only one period (quarter) of Academic Probation during their entire high school career in the Shasta Union High School District.

The School Office must approve the Athletic Clearance Packet and the coach must be in possession of the stamped blue Emergency Medical Information/Parent Consent Card before the student may begin practice or try-outs.

ACTIVITY _____

GRADE 8 9 10 11 12

**SHASTA UNION HIGH SCHOOL DISTRICT
Emergency Medical Information/
Parent Consent Card**

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

Office Use Only

Student	Home Phone	ID #
Primary Residence Address		
Mother	Business Phone	Cell Phone
Father	Business Phone	Cell Phone
Guardian/Foster Parent	Business Phone	Cell Phone
Alternate Contact	Home Phone	Business Phone
Family Physician	Address	Phone
Medical Insurance Company	Policy #	
Hospital Preference	Date of last tetanus vaccination	
Health Conditions/Drug Allergies		
I hereby give my consent for my son, daughter, or ward as named above to participate in competitive representational activities and to travel with a representative of the District on activity trips. In case the student named above becomes ill or is injured, medical treatment by qualified individuals is hereby authorized.		
_____ PARENT/GUARDIAN SIGNATURE		_____ DATE

D191b (BC.5) Rev. 3/09

ACTIVITY _____

GRADE 8 9 10 11 12

**SHASTA UNION HIGH SCHOOL DISTRICT
Emergency Medical Information/
Parent Consent Card**

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

Office Use Only

Student	Home Phone	ID #
Primary Residence Address		
Mother	Business Phone	Cell Phone
Father	Business Phone	Cell Phone
Guardian/Foster Parent	Business Phone	Cell Phone
Alternate Contact	Home Phone	Business Phone
Family Physician	Address	Phone
Medical Insurance Company	Policy #	
Hospital Preference	Date of last tetanus vaccination	
Health Conditions/Drug Allergies		
I hereby give my consent for my son, daughter, or ward as named above to participate in competitive representational activities and to travel with a representative of the District on activity trips. In case the student named above becomes ill or is injured, medical treatment by qualified individuals is hereby authorized.		
_____ PARENT/GUARDIAN SIGNATURE		_____ DATE

D191b (BC.5) Rev. 3/09



Shasta Union High School District Sports Boosters Information Form

Enterprise Foothill Shasta

Student's Name _____ Grade: _____

Phone: _____ Sport: _____ V JV

Parent's Name _____ Address _____

Email address: _____

As you are probably aware, the Booster's Clubs of Enterprise, Foothill and Shasta raise a large portion of the money necessary to pay for girl's and boy's sports in the high schools. Please check below to indicate how you would be willing to help:

- Concessions Take Tickets Run the Clock Keep Score
 Projects Info Booth Auction Telephone
 Local Transportation ALL Team Awards Committee Chain Gang All of these
 I would prefer to donate money because I have so little time. I will give time and money.
 I will serve as team parent (coordinates between team and boosters).

D191c (WC.5) Rev. 06/06



Shasta Union High School District Sports Boosters Information Form

Enterprise Foothill Shasta

Student's Name _____ Grade: _____

Phone: _____ Sport: _____ V JV

Parent's Name _____ Address _____

Email address: _____

As you are probably aware, the Booster's Clubs of Enterprise, Foothill and Shasta raise a large portion of the money necessary to pay for girl's and boy's sports in the high schools. Please check below to indicate how you would be willing to help:

- Concessions Take Tickets Run the Clock Keep Score
 Projects Info Booth Auction Telephone
 Local Transportation ALL Team Awards Committee Chain Gang All of these
 I would prefer to donate money because I have so little time. I will give time and money.
 I will serve as team parent (coordinates between team and boosters).

D191c (WC.5) Rev. 06/06



SHASTA UNION HIGH SCHOOL DISTRICT

2200 Eureka Way, Suite B
Redding, California 96001

PARENT CERTIFICATION STATEMENT OF RESPONSIBILITY FOR ATHLETICS INSURANCE

1. I am aware of the legal requirements of athletic insurance for students who participate in inter-school sports. I have a valid accident and hospital insurance policy in effect for the remainder of this school year that will provide scheduled benefits pursuant to the minimum medical fee schedule in use by the California Industrial Accident Commission for purposes of industrial accident benefits for medical and hospital expenses resulting from accidental bodily injury to students participating in, or practicing for, inter-school activities of at least \$1500 for:

STUDENT NAME (print) GRADE

2. I understand that the Shasta Union High School District does not provide any form of student accident insurance, nor does the school district endorse a particular insurance provider. I also understand that it is the parent/guardian's responsibility to carefully evaluate insurance plans and coverage before purchasing a particular product.

3. Participation in tackle football also requires that this policy does not exclude tackle football from coverage.

4. I further agree that in the event this policy is canceled or modified during the current school year, I will immediately notify the school office.

5. I understand that the Shasta Union High School District carries a blanket policy for at least \$1,500 accidental death benefit on each athlete and it is not necessary for me to have this particular coverage.

Has student ever attended any other high school? Yes No

If yes, name of high school:

Dates attended:

Parent/Guardian Signature Name of Insurance Company

Parent/Guardian Phone # Insurance Policy #

Date Expiration Date of Insurance Policy

Current School _____

Current Grade 8 9 10 11 12

SHASTA UNION HIGH SCHOOL DISTRICT Athletics Health Screening Examination Record

Student Name _____ Date of Birth _____ Telephone # _____

Age: _____ Gender: _____ Height: _____ Weight: _____

Health Screening Examination (to be completed and signed by a physician)

Pulse Rate: _____ Blood Pressure: _____

Health History (to be completed and signed by parent/guardian)

Has your child ever had or does he/she now have any of the following?

Yes No (Please explain any yes answers)

1. Chronic or recurrent illnesses _____
2. Illnesses lasting more than a week _____
3. Hospitalizations _____
4. Surgery, other than tonsillectomy _____
5. Problem with blood pressure or heart _____
6. Dizziness, fainting or frequent headaches _____
7. Ever been knocked out or had a concussion or lost memory _____
8. Neck/back injury or surgery, numbness or tingling in arms, hands, legs or feet _____
9. A stinger, burner or pinched nerve? _____
10. Knee, ankle injury or surgery _____
11. Other joint sprains or dislocation, pain or swelling _____
12. Broken bones (fractures) _____
13. Epilepsy or seizure disorder _____
14. Asthma or shortness of breath _____
15. Diabetes _____
16. Illness from exercising in the heat _____
17. Nervous disorder or mental illness _____
18. Currently taking any medications _____
19. Allergic to any medications (aspirin, penicillin, etc.) or bee stings _____
20. Wear eyeglasses or contact lenses _____
21. Wear dental appliances, othotics or prosthetic equipment _____
22. Desire to weigh more or less than current weight. Lose weight regularly to meet weight requirements for sports _____
23. Stressed out feeling _____

Please use this space to further explain the above answers or for additional information:

Parent/Guardian Permission and Release

I declare that the above information is correct to the best of my knowledge. I understand this is a screening examination to determine if any obvious medical problems exist to prevent my child from participating in school athletic events. This examination is not a complete medical examination. You should contact your family physician for your medical needs. If any medical problems are identified in this screening examination, further examination and treatment should be obtained through your physician.

Parent/Guardian Signature _____

Date _____

	Normal	Abnormal	Comments
Eyes/Ears/Nose/Throat			
Lymph nodes			
Heart			
Lungs			
Abdomen			
Genitalia/Hernia (males only)			
Skin			
Neck/Spine			
Arms/Shoulders/Elbows			
Wrists/Hands			
Legs/Hips/Thighs/Knees			
Ankles/Feet			

Based on this history and physical exam the following **ABNORMALITIES** were found and need further evaluation before clearance for competitive athletics:

1. _____
2. _____
3. _____

Recommendations:

- CLEARED** - There were no history or physical findings on this exam which would prohibit this student from participating in competitive athletics.
- This student should have the above health problems evaluated or treated **PRIOR** to participating in competitive athletics.
- This student has health problems which would **PROHIBIT** him or her from participating in competitive athletics.

Physician Name (print/type) _____

Phone _____

Physician Signature _____

Date _____

SHASTA UNION HIGH SCHOOL DISTRICT

Competitive Representational Activities Code

*Adopted 10-25-95, Revised 11/12/02, Revised 11/1/06, AMM's Suggested Revisions of 12/15/07, Revised 12/20/07
Revised 1/8/08, Adopted 1/16/08, Revised 6/23/08, Adopted 7/15/08*

Competitive Representational Activities are an integral part of our school curriculum and contribute to the well-being of all who participate ("Participants"). Participants are reminded they represent the school and community, and their actions must be a credit to both. All school rules apply in all Competitive Representational Activities.

The District strongly opposes student or parent-sponsored activities that condone or promote the use of tobacco, alcohol or drugs. Parents are encouraged to make sure their students are not involved in the abuse of these substances.

1.0 SCHOLASTIC ELIGIBILITY (Athletics Only) A student shall be eligible for all Competitive Representational Activities if he/she meets the following requirements:

1.1 In order to be eligible for participation in athletic Competitive Representational Activities, a student in grades 9 through 12 must be enrolled in 20 semester credits of course work, and have earned a 2.0 GPA during the most recently completed grading period, (See CIF Bylaws for further regulations.) A waiver of the 2.0 GPA requirements will be permitted for any one quarter during a student's four years of high school (BP 6145).

1.2. The grade point average used to determine eligibility shall be based on grades of the previous grading period during which the student attended class at least a majority of the time. (Education Code 35160.5)

1.2.1 The most recently completed grading period for entering 9th grade students will be the most recent GPA earned in the last school attended.

1.2.2 When students are simultaneously enrolled in college classes for which they receive credit toward high school graduation, their college grades shall be included in the computation of their grade point average.

1.2.3 Receiving an Incomplete shall have no effect on a student's academic eligibility as long as the resolution of the Incomplete would not lower his/her grade point average below 2.0. If the resolution of an Incomplete could lower the student's grade point average to below 2.0, the student shall be considered ineligible until the Incomplete is removed and the grade point average determined.

1.3 When a student does not maintain 2.0 GPA, he/she is ineligible in the subsequent grading period to participate in athletic Competitive Representational Activities. To regain eligibility, a 2.0 GPA must be earned in a grading period. Eligibility will be based on quarter grades.

1.4 In the event that a student finds that he/she is academically ineligible to participate in athletic Competitive Representational Activities in the first semester of the upcoming year, he/she may request that current summer school grades be added to the grades received in the spring semester and that the total spring semester and summer school grades be used to determine eligibility for the first semester of the upcoming school year. Summer school grades officially placed on a student's transcript will be totaled with the grades from the previous grading period and divided by the total number of courses. If a course is repeated, only the higher of the two grades will be used for calculations.

1.5 Students with any "F" grades must also maintain minimum progress towards graduation in order to meet eligibility requirements.

1.6 Students are expected to maintain good citizenship and conduct themselves in an appropriate manner while in class and on campus, and while representing the school during any Competitive Representational Activity. Failure to do so may result in ineligibility.

2.0 DOCUMENTARY ELIGIBILITY (Athletics Only)

2.1 Athletic Health Screening Examination Record, parent permission forms, insurance forms, emergency consent forms, authorization for student drug/alcohol testing, bus rules and other forms as required shall be recorded, and on file in the School Office. Parent or legal guardian signature is required.

2.2 An annual physical examination is required before a student may try out, practice or participate in interscholastic athletic competition. A student will be excused from the physical examination only in compliance with Education Code 49451 provisions concerning Parents' Refusal to Consent. It is recommended that the physical be passed prior to purchasing insurance.

2.3 A physical examination is good for one calendar year.

2.4 A prospective athlete shall either secure student insurance or have his/her parent or legal guardian complete the Parent's Certification Statement of Responsibility for Athletic Insurance. Proof of payment for student insurance or the statement of responsibility shall be on file at the school.

2.5 The District expects that coaching staff will provide an orientation for parents at the start of each sport season.

3.0 DOCUMENTARY ELIGIBILITY (other than athletics)

3.1 Appropriate parent permission forms, including authorization for student to be included in the drug/alcohol random testing pool, and emergency forms shall be on file at the school. Parent or legal guardian signature is required.

3.2 Competitive Representational Activities advisors (i.e. coaches, band leader, FBCLA advisor) shall determine rules concerning appropriate conduct for the specific Competitive Representational Activity.

4.0 ABSENCE FROM SCHOOL

4.1 Absence from school on the day of a scheduled Competitive Representational Activity shall result in denial of the privilege to participate. Students are required to attend a minimum of four (4) periods to be considered eligible for participation in the Competitive Representational Activity. Exceptions may be granted by the school administration on a case-by-case basis. Participation in Saturday or holiday events will be affected by attendance the last school day preceding the event.

5.0 USE OF TOBACCO, ILLEGAL DRUGS OR ALCOHOL (during season of Competitive Representational Activity)

5.1 The Shasta Union High School District believes that Competitive Representational Activities are an integral part of the school curriculum and must contribute to the physical and mental health of the Participants. To accomplish this, the District has enacted policies related to drug and alcohol use, both at school and outside-of-school sponsored events.

5.2 In order to provide for the health and safety of the Participants, to provide a legitimate reason for students to say "no" to drug use, and to provide an opportunity for those taking drugs to receive help in locating a program of assistance, the District is conducting a mandatory random drug testing program for Participants. The program is designed to create a safe, drug-free environment for Participants

5.3 Participants who are under the influence, or in possession, of illegal drugs or alcohol are subject to this policy at all times (i.e. during school, at school sponsored events, and outside of school). Participants who are under the influence or in possession at school or school sponsored events are subject to school consequences as well as the consequences of BP and AR 5131.61, Random Drug Testing of Students Participating in Competitive Representational Activities.

5.4 Participants who attend an illegal event (where drugs or alcohol are being served to minors) are also subject to this policy even if they do not use drugs or alcohol.

5.5 Explanation of Terms

5.5.1 Awards: School letters, certificates, or other honors and/or special recognition.

5.5.2 Competitive Representational Activities: All activities sanctioned by and under the control and jurisdiction of the Shasta Union High School District that are competitive, extra-curricular or co-curricular. These activities do not occur during the regular course of the school day, and include Competitive Representational Activities which occur during summer vacation.

5.5.3 Consent: The parent or guardian and the Participant are required to sign a written consent for drug testing prior to participating in the Competitive Representational Activity.

5.5.4 Drug: Any substance considered illegal or controlled by the Food and Drug Administration. This includes tobacco products, alcohol, and performance enhancing supplements including steroids. Drug panel to be tested: Methamphetamine, Chlorochromate, Amphetamine, Phencyclidine, Cocaine, Marijuana, Methadone, Barbiturates, Benzodiazepines, Opiates, Oxycodone, Nicotine, Alcohol

5.5.5 Medication: The parent or guardian must provide verification (prescription information and number to the Medical Review Officer upon phone call) if the drug test is positive. Participants who test positive and refuse to provide verification will be subject to actions and the reinstatement process specified below.

5.5.6 Participant: Any student participating in Competitive Representational Activities sanctioned by and under the control and jurisdiction of the Shasta Union High School District.

5.5.7 Participant Selection for Testing: Random testing will be conducted during the Season. There will be a random selection of Participants to be tested by the drug testing company; collection of all specimens will be done by the drug testing company. Selection is truly random and SUHSD employees are not involved in the process of selection.

5.5.8 Positive Test: The Participant's sample will first be tested using an Instant Technologies Icup to determine an initial positive or negative. Any initial positive will be sent to a Substance Abuse & Mental Health Services Administration (SAMHSA) certified lab for further analysis and confirmation. A Medical Review Officer (MRO) will contact the parent or guardian to discuss any prescription medication the Participant may be taking. Final results from the lab will be reported by the drug testing company to the Drug Testing Coordinator at the District Office. The Drug Testing Coordinator will then contact the Assistant Principal. The Assistant Principal will notify the parent or guardian and the Participant of the final lab results.

5.5.9 Season: Official seasons will be the same for all Competitive Representational Activities. The academic year is divided into four seasons: fall (August 1 – December 1), winter (November 1 – March 31), spring (February 1 – the last day of school), and summer (the day after the last day of school – July 31). If tryouts/meetings for competitive activities occur during a season of ineligibility, the student may attend tryouts/meetings at the discretion of the person in charge.

5.6 Action Taken & the Reinstatement Process

5.6.1 Missing a co-curricular Competitive Representational Activity due to a positive drug test will not result in reduction of a course grade. Students suspended from a co-curricular Competitive Representational Activity shall be provided with an alternative assignment in lieu of event missed.

5.6.2 First Offense: 1. Notify parent or guardian. 2. The Principal or his/her designee shall notify the Participant of the charges against him/her and provide him/her a chance to be heard on the matter at a meeting with the Principal/designee, the Participant, and his/her guardian/parent. 3. For reinstatement of eligibility, the Participant must successfully finish a five-week assistance/counseling program at the Participant's expense (evidence must be submitted), or the S.U.H.S.D. drug diversion program. 4. Participant will be given the option of either A or B: **A)** Taking a weekly drug test 879952.2

for six weeks (at the Participant's expense) with all negative results (any positive results are considered a second offense), **AND** missing two weeks of competitive representational activities beginning with the date of the confirmed positive and ending at midnight of the 14th day, **AND** must be actively enrolled in and attending a five-week assistance/counseling program (evidence must be submitted) or the S.U.H.S.D. drug diversion program. The Participant may attend practice/meetings at the discretion of the person in charge. **B)** Being suspended from participation for a period of nine consecutive academic weeks beginning with the date of the confirmed positive and ending at midnight of the 63rd day (the summer season will not count as part of the nine weeks). The Participant will be re-tested before beginning the next competitive representational activity for which he/she is eligible.

5.6.3 Second Offense

1. Notify parent or guardian.
2. The Principal or his/her designee shall notify the Participant of the charges against him/her and provide him/her a chance to be heard on the matter at a meeting with the Principal/designee, the Participant, and his/her guardian/parent.
3. The Participant shall be suspended from participation for the remainder of the Season and for the next Season. Eligibility will be reinstated on the beginning date of the 3rd consecutive season following the 2nd offense (i.e. if the student's second offense occurs during the fall season, he/she will be eligible on February 1 for sports offered in the spring season only). The Participant will be re-tested before beginning the next competitive representational activity for which he/she is eligible.

Athletic Seasons:

Fall: Football, Volleyball, Boy's Soccer, Cross Country, Cheerleading, Swimming, Girl's Golf, Girl's Tennis Winter: Basketball, Ski-Snowboarding, Cheerleading, Wrestling. Spring: Baseball, Softball, Track & Field, Girl's Soccer, Boy's Gold, Boy's Tennis.

5.6.4 Third Offense

1. Notify parent or guardian.
2. The Principal or his/her designee shall notify the Participant of the charges against him/her and provide him/her a chance to be heard on the matter at a meeting with the Principal/designee, the Participant, and his/her guardian/parent.
3. The Participant shall be ineligible for all Competitive Representational Activities and participation. For reinstatement, the Participant must take a monthly drug test for twelve months (at the Participant's expense) with all negative results (any positive results are considered another offense).

5.6.5 Further violations shall result in a permanent ban from District Competitive Representational Activities. Participants who do not finish the season will not be eligible for awards, honors, or recognition.

6.0 QUITTING A COMPETITIVE REPRESENTATIONAL ACTIVITY

Any Participant dropping a Competitive Representational Activity before the Season ends shall not be eligible to practice or participate in another Competitive Representational Activity until the end of the Season during which the drop occurred. Exceptions to this rule can be made by the Principal.

7.0 EQUIPMENT

7.1 All equipment is issued to a student on a loan basis, subject to normal wear and tear. Equipment that is abused or lost must be paid for by the student to whom it was issued.

7.2 For a student to be eligible to participate in a subsequent Competitive Representational Activity, all equipment must be turned in at the end of a Season. Failure to do so shall result in school penalties.

8.0 TRANSPORTATION

8.1 When district transportation is provided, Participants **must be transported to and from school events on aforementioned transportation.** The two exceptions to this rule will be: if a parent or guardian contacts (by note or call) the principal or designee in advance of the Competitive Representational Activity. Upon direct authorization by the principal or designee, the Participant will be released by the coach, or person in charge, to the parent or guardian only for transportation following the Competitive Representational Activity; the second exception will be if the district transportation is for "drop off" purposes only, then the parent or guardian will not need to contact the principal or designee in advance of the event as a prerequisite to picking up the Participant.

8.2 Participants may provide their own transportation for Competitive Representational Activities occurring 1/2 hour after the end of the school day, within the boundaries defined as "The Golden Triangle": (West Valley to Central Valley, Shasta/Foothill to Enterprise). When district transportation is provided, the rule above will be followed.

9.0 INTERPRETATION OF COMPETITIVE REPRESENTATIONAL ACTIVITIES CODE

The judgment of the Principal is final regarding the application of this Code, and any needed interpretation of it.



Pursuing Victory with Honor*

Code of Conduct for Interscholastic Student-Athletes



We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character”). This code applies to all student-athletes involved in interscholastic sports.

TRUSTWORTHINESS

- *Trustworthiness* — Be worthy of trust in all you do.
- *Integrity* — Live up to high ideals of ethics and sportsmanship and always pursue victory with honor. Do what’s right even when it’s unpopular or personally costly.
- *Honesty* — Live and compete honorably. Don’t lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct. Plagiarism or cheating is not acceptable.
- *Reliability* — Fulfill commitments. Do what you say you will do. Be on time to practices and games.
- *Loyalty* — Be loyal to your school and team. Put the team above personal glory.

RESPECT

- *Respect* — treat all people, including the teacher-coach, with respect at all times. Demonstrate an appropriate demeanor that reflects self-control and an unwavering commitment to fair play.
- *Class* — Live and play with class. Be a good sport. Be gracious in victory and accept defeat with dignity. Help fallen opponents, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- *Disrespectful Conduct* — Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- *Respect for Officials* — Treat game officials with respect. Don’t complain about or argue with calls or decisions during or after an athletic event. Help youth sports organizations fill their need for qualified officials as a way to promote greater understanding and respect for the referee’s role.

RESPONSIBILITY

- *Importance of Education* — The primary responsibility of a student-athlete is academic achievement. Be a student first, and commit to earning your diploma and getting the best education you can. Be honest with yourself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes who do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably. Not achieving passing grades will result in your suspension from the team until the deficiency is cured.
- *Role Modeling* — Remember, participation in sports is a privilege, not a right, and that you are expected to represent your school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

- *Self-Control* — Exercise self-control. Don’t fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to retaliate.
- *Healthy Lifestyle* — Safeguard your health. Don’t use any illegal or unhealthy substances, including alcohol, tobacco, drugs and nutritional supplements, or engage in any unhealthy techniques to gain, lose or maintain weight. Be informed about the health risks involved in the use of recreational and performance-enhancing drugs, tobacco and alcohol, as well as in eating disorders.
- *Integrity of the Game* — Protect the integrity of the game. Don’t gamble or associate with or deal with professional gamblers.
- *Sexual Conduct* — Sexual or romantic contact of any sort between student-athletes and adults involved with the athletic program is improper and strictly forbidden. Report misconduct to proper authorities.

FAIRNESS

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

CARING

- *Concern for Others* — Demonstrate concern for others. Never intentionally injure any player or engage in reckless behavior that might cause injury to yourself or others.
- *Teammates* — Help promote the well-being of teammates through positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

- *Playing by the Rules* — Have a thorough knowledge of and abide by all applicable game and competition rules. Demonstrate and demand integrity.
- *Spirit of Rules* — Honor, observe and enforce the spirit and the letter of rules. Avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship. Do not engage in or allow any conduct designed to evade the rules governing fair competition.

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

Student-Athlete Signature

Date

Our athletic program endorses the *Pursuing Victory With Honor Arizona Sports Summit Accord* adopted by the California Interscholastic Federation.

*Pursuing Victory With Honor” and the “Six Pillars of Character” are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics.

FOOTHILL HIGH SCHOOL

PARENT'S CODE OF CONDUCT

The Foothill High School Athletic Department believes that parents play a vital role in the development of student-athletes. We believe that the highest potential of sports is achieved when competition reflects the "six pillars of character"; respect, trustworthiness, responsibility, fairness, caring, and good citizenship. As a parent of a Foothill High School athlete I/we agree to the following:

- I will try my best to make athletics a positive experience for everyone involved, i.e., participants, coaches, officials, and spectators.
- I will be a positive role model for my child and encourage sportsmanship by showing respect at every game, practice or sporting event.
- I will insist my player treat other players, coaches, officials, and fans with respect.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will reinforce the school's drug and alcohol free policies and refrain from any use of alcohol and other drugs before or during contests.
- I will do my best to understand and appreciate the rules of the contest.
- I will show appreciation for an outstanding play by either team.
- I will be a "team" fan, not a "my child" fan.
- I will help my child learn that success is measured by the development of skills, not winning or losing.
- If I have a concern, I will talk to the coach at the appropriate time and place, i.e., never before, during, or immediately after a contest and never in front of other parents or players.
- I will respect the officials and their authority during games and will never question or confront officials or coaches at a game.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- I will do my best to remember my ticket to a school athletic event provides me with the privilege of observing the contest, not berating officials, coaches, or players.

ACKNOWLEDGEMENT PARENT CODE OF CONDUCT

(Print Student's Name)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



SHASTA UNION HIGH SCHOOL DISTRICT

AGREEMENT FOR STUDENT/PARENT REGARDING USE OF STEROIDS

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

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

I understand that this agreement remains in effect for each sport I participate in throughout the entire school year.

Student Name – Please Print

Student Signature

Date

Parent Signature

Date



Shawn Anstine, Assistant Principal
Lauren Stroud, Assistant Principal

Steve Abbott, Principal

Dear Parents/Guardian,

It is our goal to make you a more active participant in understanding NCAA Eligibility Rules. High school students must be in compliance with NCAA guidelines to play Division I or II college sports. Please visit www.Foothillcougars.com, go to Counseling and then to Naviance for the information and guidelines to help your student become eligible.

I have reviewed the website and understand that as a parent I am responsible for making sure that my student has met these guidelines to be NCAA eligible.

Parent Signature

Date

Student Name

Attention!

The students listed below must complete the following CIF form:

1. ALL Incoming Freshman!!!!

- *Complete - #'s 1 & 2*
- *SIGN - #'s 6 OR #7.*
 - *If you sign #7, you must include a letter that states what your prior contact or relationship is/was with any coach or person(s) associated with Foothill athletics.*

2. All 10-12th grade students NEW to this school.

- *Complete, as applicable*

3. All students who left this school and are now returning.

- *Complete as applicable*

Northern Section CIF

ALL TRANSFERS MUST BE COMPLETED ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-NS HOME.

1) Name _____ M F _____
Date of Birth Grade Area Code/Home Phone

2) Current Address _____
House Number and Street Name City/State/Zip

_____ PUBLIC SCHOOL DISTRICT YOUR CURRENT ADDRESS IS IN SPECIFIC PUBLIC H.S. YOUR CURRENT ADDRESS BELONGS TO

NOTE: ONLY FILL OUT ITEM 3 IF YOUR ENTIRE FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A COMPLETELY DIFFERENT ATTENDANCE AREA. IF YOU HAVEN'T MOVED, SKIP TO ITEM 4.

3) Former Address _____
House Number and Street Name City/State/Zip

_____ PUBLIC SCHOOL DISTRICT YOUR FORMER ADDRESS WAS IN SPECIFIC PUBLIC H.S. YOUR FORMER ADDRESS BELONGED TO

NOTE: INCLUDE ALL HIGH SCHOOLS STUDENT HAS ATTENDED SINCE STARTING THE 9TH GRADE. IF THIS IS YOUR FIRST TRANSFER SINCE STARTING 9TH GRADE, YOU WILL ONLY NEED TO FILL OUT THE 1ST LINE OF ITEM 4.

4) Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School Date MM/DD/YY Date MM/DD/YY

Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School Date MM/DD/YY Date MM/DD/YY

Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School Date MM/DD/YY Date MM/DD/YY

Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School Date MM/DD/YY Date MM/DD/YY

Within the last calendar year, what sport/s did the student play (during the official high school season) at your former school/s? List **5** sports played at EVERY level (novice, frosh-soph, JV, and/or varsity).

FALL SEASON: _____
WINTER _____
SEASON: SPRING _____
SEASON: _____

NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.

CERTIFICATION OF APPLICATION: I authorize any former school/s and the current school to release all records/requests made by the CIF and to discuss enrollment and/or extra curricular participation with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that if subsequent to the approval of this athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this studentathlete may result.

By signing this affidavit, I certify that no person/s connected with the athletic department of the new school (School "B") or is part of the booster club of School "B", including anyone acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of this student, prior to the completion of the enrollment process at School "B". I also certify that the student has not participated during the previous 24 months on any non-school athletic team* (i.e., AAU, American Legion, club team, etc.) that is associated with or coached by anyone associated with the new school (School "B"). (*See Bylaw 510 for definition of a non-school athletic team). **6)**

IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 6. SKIP TO ITEM 7 BELOW AND SIGN THERE.

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

OR

7)

I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE. THEREFORE, AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFIC. (ATTACH A WRITTEN EXPLANATION TO THIS FORM).

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

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

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

Who is at risk for sudden cardiac arrest?

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

What should you do if your student-athlete is experiencing 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 physician, surgeon, nurse practitioner or physician assistant. 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, trainer and school nurse about any diagnosed conditions.

**FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION**

Recognize the Signs & Risk Factors

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, diet pills or performance-enhancing supplements

Cardiac Chain of Survival

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

Recognition of Sudden Cardiac Arrest



Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

Call 9-1-1



Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

Hands-Only CPR



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

Defibrillation



Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

Advanced Care



Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

Keep Their Heart in the Game

Sudden Cardiac Arrest Information
for Athletes & Parents/Guardians

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.

What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. 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, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

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

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Department
of Education
cde.ca.gov

Eric Paredes Save
A Life Foundation
epsavealife.org

California Interscholastic
Federation (CIF)
cifstate.org

National Federation of High Schools Free
20-Min. Training Video For Coaches, Parents or
Anyone Involved in Student Sports Activities
nfhslearn.com/courses/61032

