



SANTA ROSA CITY SCHOOL DISTRICT

2017-18 HIGH SCHOOL STUDENT ATHLETIC CLEARANCE PACKET

I. PROCEDURE FOR COMPLETING ATHLETIC CLEARANCE:

The following information must be signed by the parent/guardian and student to be personally handed to the athletic director for approval prior to tryouts. When the athletic director has completed the approval process he/she will notify the coach as to the eligibility status of the student. The coach will then notify the student that they have been approved to participate in tryouts. **No student is allowed to participate in a tryout, practice, or athletic contest until this process is completed and turned in to the athletic director.**

(CHECK LIST) The only forms that must be returned to the Athletic Director are pages 14 through 21.

- _____ 1. A signed and completed Student Application Form, Parent Permission Form to (page 14)
- _____ 2. A signed and dated Physical's Statement on Physician's Letterhead which states that the student athlete is approved to participate in school sponsored athletic teams. **(must be signed after June 1st of the participating year).**
- _____ 3. A signed and completed Santa Rosa City School District Athletic Eligibility Screening Form (pg. 15). **This form is only completed and submitted to the Athletic Director if the student athlete is in grades 10- 12th and has attended another high school for any period of time prior to attending their current high school. (pg. 15)**
- _____ 4. A signed and completed Adult Driver/Use of Privately Owned Vehicle and Parent Permission to Transport Son/Daughter Form (pg. 16)
- _____ 5. A signed and dated Student Driver/Use of Privately Owned Vehicle and Parent/Guardian of Student Driver Form (pg. 17)
- _____ 6. A signed and completed Verification of Receiving, Reading and Understanding Form (pg. 18)
- _____ 7. A signed and completed Athletic Insurance Information Statement, Emergency Procedure Authorization, Optimal Emergency Treatment Authorization and Emergency/Disaster Authorization & Permission to Transport Son/Daughter (pg. 19)
- _____ 8. A signed and completed Authorization for Sports Medicine Services and Consent to Treat. (pg. 20)
- _____ 9. A signed form must be signed and dated Participation Physical Examination History Form (MEDICAL HISTORY FORM). (pg. 21)

II. PHYSICIAN PHYSICAL EXAMINATION INFORMATION:

The physical Examination must be dated **June 1 or later for the current school year.** The physical examination is valid until July 1 of the same school year (i.e., A physical examination for the 2017-18 school year is valid until July 2018).

The physical examination must be conducted by a Medical Doctor, Nurse Practitioner or osteopath. A physical performed by a Chiropractor will not be accepted.

III. PHYSICAL EDUCATION CREDITS FOR SUCCESSFUL PARTICIPATION IN CIF-SANCTIONED

INTERSCHOLASTIC SPORT. Board Policy 6146.11 allows students in grades 10, 11, and 12 who have already earned 10 PE credits prior to the start of the sport season, to earn 5 credits per sport not to exceed 10 credits, which will go toward their PE graduation requirement. Athletes must be physically present and be physically engaged during the SRCS team practices and competition, missing no more than 10 total days of participation for the season, to be eligible for earning PE credits. Alternative athletic activities (club teams) cannot be offered in lieu of school team participation. If the student meets these eligibility requirements, the student must complete and submit the required form within 10 days of the specified completion date of the season of sport for credit to be accepted. Please contact the high school or refer to "Board Policy 6146.11 – Alternative Credits Toward Graduation" for more details.

NOTE:

It is very important that you hand in the above requested documents at least a week or two before the beginning of the sport season. If the student turns in the information on the first day of practice you will more than likely miss at least the first week of practice.

STATE AND SECTION AFFILIATION AND SPORTS OFFERED
STATE AND SECTION AFFILIATION:

All Santa Rosa City School District high schools are members of the California Interscholastic Federation (CIF) and a member of the North Coast Section (NCS).

LEAGUE AFFILIATION:

Three of the Santa Rosa City Schools are in the North Bay League (NBL) and two of the schools are in the Sonoma County League (SCL).

The North Bay League	The Sonoma County League
Cardinal Newman High School Casa Grande High School Maria Carrillo High School Montgomery High School Rancho Cotate High School Santa Rosa High School Ukiah High School Windsor High School	Analy High School El Molino High School Elsie Allen High School Healdsburg High School Petaluma High School Piner High School Sonoma Valley High School

Athletic Teams Sanctioned by the Santa Rosa City Schools District		
Fall	Winter	Spring
JV and Varsity Football JV and Varsity Boys' Cross Country JV and Varsity Girls' Cross Country JV and Varsity Volleyball Girls' Tennis Girls golf	Freshman, JV and Varsity Boys' Basketball Freshman, JV and Varsity Girls' Basketball Wrestling JV and Varsity Boys' Soccer JV and Varsity Girls' Soccer	JV and Varsity Baseball JV and Varsity Softball JV and Varsity Boys' Swimming and Diving JV and Varsity Girls' Swimming and Diving JV and Varsity Boys' Track & Field JV and Varsity Girls' Track &Field Boys' Golf Boys' Tennis Co-ed Badminton

Official season practice starting dates:	
Football:	Monday, August 7, 2017
Fall Sports:	Monday, August 14, 2017
Winter Sports:	Monday, November 6, 2017
Spring Sports:	Monday, February 5, 2018

NOTICE ON SERIOUS, CATASTROPHIC, AND PERHAPS FATAL ACCIDENTS

The Santa Rosa City School District provides an extensive athletic program and makes every effort to ensure that the program is educational, beneficial, and as safe as possible for students. Yet, by its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents may occur.

Many forms of athletic competition result in physical contact among players, strenuous physical exertion, and the use of equipment that may result in accidents and numerous other exposures to risk of injury.

Student-athletes and their parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risks of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization, and must refrain from improper uses and techniques.

I understand and acknowledge that in order to participate in athletic activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities. I also understand, acknowledge and agree that the District, its employees, officials, agents or volunteers shall not be held liable for injuries/illnesses suffered incidental to and/or associated with preparing for and/or participating in athletic activities. I further waive, release and discharge them from any further claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction in said activity that is incidental thereto.

If any of the foregoing is not completely understood, please contact your school principal for further information.

ACADEMIC REQUIREMENTS FOR EXTRACURRICULAR ACTIVITIES

1. The G.P.A. for the second semester of the eighth grade year will determine your eligibility for fall sports. Bring a copy of your eighth grade report card to your Athletic Director.
2. A student must have earned a 2.0 **unweighted** grade point average (on a 4-point scale) in the grading period prior to participation.
3. A student must maintain a 2.0 grade point average (on a 4-point scale) during the time the student participates in the activity.
4. **Probationary Period:** Students who earn a GPA between **1.4 and 1.9** in the grading period prior to the start of any activity or season may participate on a probationary status until the next grading period, at which time the student must earn a 2.0 GPA.
5. A student may have probationary status once in the ninth grade and once more in the next three years (grades 10 through 12).
6. Students not meeting these requirements shall be declared ineligible until the next date of determination.
7. A student must be enrolled in and passed a minimum of 20 credits of coursework in the previous grading period (this requirement cannot be waived).
8. **Transferring** from one school to another without changing residence may affect your athletic eligibility under the NCS and C.I.F. rules. You are responsible for contacting the athletic director or going to the NCS Website (cifnics.org) for more information.

HAZING

Education Code 32050

As used in this article, "hazing" includes any initiation or preinitiation into a student organization or any pastime or amusement engaged in with respect to such an organization, which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any student or other person attending any school, community college, college, university, or other educational institution in this state; but the term "hazing" does not include customary athletic events, or other similar contests or competitions.

Education Code 32051

No student, or other person in attendance at any public, private, parochial, or military school, community college, college, or other educational institution, shall conspire to engage in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student, or person attending the institution. The violation of this section is a misdemeanor, punishable by a fine of not less than one hundred dollars (\$100), nor more than five thousand dollars (\$5,000), or imprisonment in the county jail for not more than one year, or both.

Santa Rosa City School Board Policy 6145.5(a)

No student shall conspire in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily physical harm or personal degradation or disgrace resulting in physical or mental harm to any fellow student or person. Persons violating this policy shall be subject to district discipline, misdemeanor penalties, and forfeiture of entitlements.

ANABOLIC STEROIDS AND ILLEGAL DRUGS

As a condition of membership in the California Interscholastic Federation (CIF) and the governing board of the Santa Rosa City School District a Board Policy prohibiting the use of anabolic steroids and illegal drugs. CIF Bylaw 524 requires that all participating students and their parents/guardians sign an agreement.

Student-athletes and parents/guardians recognition of this requirement is an agreement that the student-athlete not use androgen/anabolic steroids or other illegal drugs without a written prescription of a fully licensed physician as recognized by the American Medical Association, to treat a medical condition.

Student-athletes must also recognize that under CIF Bylaw 200.D, the student may be subject to penalties if the student or parent/guardian provides false or fraudulent information to the CIF, NCS, NBL or Santa Rosa City School District including ineligibility for any CIF competition. The Santa Rosa City School District policy regarding the use of illegal drugs will be enforced for any violations of these rules which will result in disciplinary measures for the student. These measures may include, but are not limited to, restriction from athletics, suspension or expulsion.

CITIZENSHIP STANDARDS AND SERIOUS INFRACTIONS

The following policies apply to all students involved in extracurricular activities. If you have any questions, please talk to your coach, athletic director, or the administrator at your school who oversees the athletic program.

CITIZENSHIP STANDARDS

- A. While there are citizenship standards applicable to all students, higher standards are expected of student athletes because the community and other students recognize these students as models and leaders.
1. Any student who commits a violation of Education Code 48900 that results in suspension could be removed from participation on any athletic team they currently reside. Team rules and expectations are reviewed by coaches at preseason meetings for parents and students. (See your school handbook or Board Policy and Administrative Regulations 5114.13 and 5114.13.1 for a list of suspension offenses.) (See the Santa Rosa City Schools Website (www.srcs.k12.ca.us).
 2. Prior to the imposition of penalties as described above, the parent/guardian and student will be provided an opportunity to have a conference with school officials to present their side of the case and to comment on the offense and penalty involved.
 3. Each district school and each coach/athletic director is authorized to seek and enforce reasonable standards of conduct and reasonable penalties for violation thereof. These must be in writing and are subject to the approval of the school athletic director and the principal or designee.
 4. **In order to be eligible to practice or participate in an activity on any school day, participants must be in school for a full day.** Exceptions to this rule will be allowed in unusual cases if cleared through the school principal or designee. Advance notice is preferred, if possible.
 5. Students must not play on an "outside" team in the same sport while participating in the high school season of sport. Students may practice with the outside team, but may not play in scrimmages or contests.
- B. It is the responsibility of the principal or designee to insure that:
1. Each coach/activity sponsor reviews these regulations with each team/club/group at the beginning of each sport or activity each year.
 2. Effort is made to notify students and parents/guardians of these regulations annually in writing.

SERIOUS INFRACTIONS -- EDUCATION CODE 48900

- A. Infractions of Education Code 48900 for which students may be suspended are listed in the Parental Annual Notice in the section "Excerpts From California Education Code".
- B. A pupil may be suspended or expelled for acts listed above and related to school activity or attendance which occur at any time, including, but not limited to, any of the following:
1. While on school grounds.
 2. While going to or coming from school.
 3. During the lunch period, whether on or off the campus.
 4. During, or while going to or coming from, a school sponsored activity.

CONCUSSION INFORMATION

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

<ul style="list-style-type: none">● Appears dazed● Vacant facial expression● Confused about assignment● Forgets plays● Is unsure of game, score, or opponent● Moves clumsily or displays lack of coordination● 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

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

Athletes with the signs and symptoms of concussion shall 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 those adolescent or teenage athletes 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 even suspected of suffering a concussion shall be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

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.

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. **When in doubt, the athlete sits out.** For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

NOTE: Santa Rosa City Schools has implemented concussion baseline testing for certain sports. Any student-athlete who participates in these designated school sports shall be baseline tested prior to competition. See your coach for more details and schedule for testing.

Fall	Winter	Spring
<ul style="list-style-type: none"> ● JV & Varsity Football ● JV & Varsity Volleyball ● Cheerleading- Not sponsored by SRCS 	<ul style="list-style-type: none"> ● Freshman, JV & Varsity Boys and Girls Basketball ● Wrestling ● JV & Varsity Boys Soccer ● JV & Varsity Girls Soccer 	<ul style="list-style-type: none"> ● JV & Varsity Baseball ● JV & Varsity Softball ● JV & Varsity Diving ● JV & Varsity Track & Field for High Jump and Pole Vault only

CIF - Santa Rosa City School District
Code of Conduct for Interscholastic Student-Athletes

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. **Trustworthiness**-- be worthy of trust in all I 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.
Reliability—fulfill commitments; do what I say I will do; be on time to practices and games.
Loyalty— be loyal to my school and team; put the team above personal glory.

RESPECT

2. **Respect**-- treat all people with respect all the time and require the same of other student-athletes.
3. **Class** -- live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. **Disrespectful Conduct** --do not engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or *racial* nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. **Respect Officials** -- treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. **Importance of Education** ~ be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. **Role-Modeling** -- Remember, participation in sports is a privilege, not a **right** and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration, athletic director and or coach.
8. **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.
9. **Healthy Lifestyle** -- safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. **Integrity of the Game** -- protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

11. **Be Fair** -- live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

12. **Concern for Others** -- demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to others or myself.
13. **Teammates** -- help promote the well being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. **Play by the Rules** ~ maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. **Spirit of rules** ~ honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship. Multiple unsportsmanlike actions/behavior will result in adult/student suspensions from further school events.

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

PARENT/GUARDIAN CODE OF CONDUCT

The role of the parent/guardian regarding interscholastic athletic activities

The role of the parent/guardian in the education of a student is vital. The support shown in the home is often manifested in the ability of a student to accept the opportunities presented at the school. Referees, Athletic Directors, and School Administration, may remove any spectator they feel is threatening, unduly negative, or creating a hostile and threatening environment. **Further unsportsmanlike behavior by a parent/guardian will result in future suspensions from school activities. If a parent is removed from a contest they will need to complete the Sportsmanship Class on the CIF NFHS website AND return the Sportsmanship Certificate to your athletic director to be forwarded to the League Commissioner.**

There is a value system - established in the school, nurtured in the school - that young people are developing. Their involvement in the classroom and other activities contributes to that development. Trustworthiness, citizenship, caring, fairness, and respect are some of the lifetime values taught through athletics. These are the principles of good sportsmanship and character. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relationships and graceful acceptance of results.

As a parent/guardian of a student-athlete attending a Santa Rosa City School, your goals should include:

1. Realize that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of an athletic contest.
2. Encourage our students to perform their best, just as you would urge them to excel with their classes.
3. Participate in positive cheers that encourage our student athletes while discouraging any cheers that would re-direct that focus including those that are meant to ridicule, embarrass, taunt, or demean an opponent or official.
4. Refrain from any activity before, during or after a contest that is meant to ridicule, embarrass, taunt, or demean an opponent or official.
5. Learn, understand and respect the rules of the game, the officials who administer them and their decisions.
6. Respect the task our coaches face as teachers and support them as they strive to educate our youth, both in life and learning more about themselves
7. Respect our athletic opponents as student- athletes and acknowledge them for striving to do their best.
8. Develop a sense of dignity and civility under all circumstances.

You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child and our community for the years to come. In the end, sports are played just a game. It is a place where we allow others the opportunity to challenge themselves to improve their skills, motivate themselves to excel, learn more about themselves and develop life skills.

Pledge of Good Sportsmanship - "Victory with Honor"

The Santa Rosa City School District has adopted the CIF/NCS "Victory with Honor" principles as a guideline for the promotion of good sportsmanship among athletes, coaches and spectators. We ask for your cooperation towards achieving the goal of making this district and its schools known as a place where we maintain a proper perspective, practice good sportsmanship, and acts of concern and respect.

NORTH COAST SECTION ATHLETE EJECTION POLICY NOTIFICATION FORM

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995 - 1996 school year, (and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc. **If an athlete is ejected from a contest they will need to complete the Sportsmanship Class on the CIF NFHS website AND return the Sportsmanship Certificate to your athletic director to be forwarded to the League commissioner.**

- **Action:** Ejection of a player from a contest for unsportsmanlike or dangerous conduct.
Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.) and complete the CIF sportsmanship online class. Certificate must be presented to AD and email to league commissioner.
- **Action:** Illegal participation in the next contest by a player ejected in a previous contest.
Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
- **Action:** Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.
Penalty: The player shall be ineligible for the remainder of the season.
- **Action:** One or more players leave the bench to begin or participate in an altercation.
Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).
- **Action:** A participant deliberately strikes a game official at a contest.
Penalty: The player shall be immediately ejected from the contest and all athletic eligibility is permanently revoked for the remainder of the student's high school attendance.

PROCEDURE FOR MAKING A COMPLAINT AGAINST A COACH

Please note: All letters of complaint first made to the Santa Rosa City School District Office will be automatically sent back to the school level for the athletic director and/or principal's attention.

If a problem arises concerning a member of the coaching staff regarding personal behavior, ethics, coaching practices or philosophy, a student or parent/guardian should follow the following procedure.

1. Every effort should be made to resolve a complaint at the earliest possible stage. The complainant should communicate directly to the coach in order to resolve concerns. It is recommended that the student approach the coach first in a respectful manner, before the parent/guardian intervenes. If for any reason the student does not feel comfortable communicating with the coach on the issue, the parent/guardian should approach the coach and discuss it with him/her. Please do not berate or abuse the coach at any time. If no agreement can be reached that is mutually agreed upon by both parties, proceed to step #2.
2. If a complaint is unable or unwilling to resolve the complaint directly with the coach, he/she may submit an oral or written complaint to the athletic director. Complaint must be submitted within a reasonable period of time not to exceed three months from the event giving rise to the complaint.
3. If a complaint is not resolved with the athletic director, it may then go to the principal for further action toward resolution. All complaints related to district personnel other than administrators shall be submitted in writing to the principal or immediate supervisor.

NOTE: For more information on the complaint process, see AR 1312.1 in the SRCS Board Policies.

PROSPECTIVE COLLEGE ATHLETE

What do I need to do and when?

- Grade 9:** Enroll in College Prep (P) level Courses, earn good grades, and register @ NCAA Eligibility Center Website. www.ncaa.org
- Grade 10:** Continue Academic Plan as above and begin speaking to your coach about "good fit colleges" you can begin to reach out to.
- Grade 11:**
1. Make sure your NCAA Eligibility Portal is updated
 2. Make sure you are on course to meet core course requirements (verify you have the correct number of core courses and that the core courses are on your school's 48-H with the Eligibility Center).
 3. Upon completion of the junior year, have your high school registrar send a copy of your transcript to NCAA. If you have attended any other high school, make sure the transcript is sent to the Eligibility Center from each high school.
 4. When registering for the ACT or SAT, request test scores to be sent to the Eligibility Center (code is "9999").
 5. Begin your amateurism questionnaire on your NCAA Portal.
 6. Continue to send film and talk to "good fit colleges".
 7. Formal and Informal visits to colleges arranged by the college coach.
- Grade 12:**
1. Complete the amateurism questionnaire and sign the final authorization signature online on or after April 1, if you are expecting to enroll in college in the Fall Semester. If you are expecting to enroll in the Spring Semester, sign the final authorization signature on or after October 1 of the year prior to the enrollment.
 2. Send a final transcript with proof of graduation to the College Eligibility Center.
 3. Signing of letter of intent to D1 or D2 colleges.
 4. Notify your Athletic Director if you sign a letter of intent.

INSURANCE INFORMATION

California State Education Code Section 32221.5

“Under state law, school districts are required to ensure members of school athletic teams have accidental injury insurance that covers medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

1. A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,) with no more than one hundred dollars (\$100) deductible and no less than eighty percent (\$80) payable for each occurrence.
2. Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand, five hundred dollars (\$1,500).
3. At least one thousand, five hundred dollars (\$1,500) for all such medical and hospital expenses.

This insurance requirement can be met by the school district offering school insurance or other health benefits that cover medical and hospital expenses.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health coverage provided for him/her in any other way or manner, including, but not limited to, purchase by himself/herself or by the parent/guardian. This would include personal or family insurance.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-427-8982.”

Possible no-cost or low-cost local, state, or federally sponsored health insurance programs are as follows:

- California Kids/Partnership Health Plan – 1-800-467-8736
- Kaiser Permanente Child Health Plan – 1-800-819-1354
- Healthy Families Program – 1-800-880-5305
- Myers – Stevens & Toohey & Company Inc. - 1-800-827-4695
- No-Cost Medical Insurance – 1-800-819-1354
- Redwood Community Health Coalition – 544-6911 Ext. 1079
- Southwest Community Health Center – 547-2222 Ext. 106
- St. Joseph Health System of Sonoma County – 547- 2149
- Sutter Family Practice Center – 576-4497
- Affordable Cover of California 1-877-454-1647

PHYSICAL EXAMINATION INFORMATION

All students that want to participate in the Santa Rosa City School District Athletic Program must have a completed physical examination.



Attach Physician's Official Student Physical Examination Certification form to Page 14. Make sure the physical examination is dated after June 1 of the current school year.

They are also required to turn in a completed Student Application, Parent Permission and Physician's Statement of Student Certification Form to the Athletic Director (Page 14).

The physical examination must be dated June 1 or later for the current school year. The physical examination is good until July 1 of the same school year. (i.e., Physical exam for the 2017-2018 school year is good until July 1, 2018.)

The physical examination may be administered by a Medical Doctor, Nurse Practitioner or Osteopath. A physical performed by a Chiropractor will not be accepted.

NOTE: If you have turned in a valid verification of a Sports Physical after June 1, 2017 for this school year (2017-2018) and you have already been cleared as a participant for a specific sport, your physical and athletic packet are on record and the documents are good for the rest of the school year, unless an injury occurs. If an injury occurs, a new Doctor's note must release the athlete from restriction prior to performing. All Athletes must let their AD's know, prior to participating in another season of sport, their intent of participating in another school sport so they will have prior proof of clearance.

STUDENT MEDICAL HISTORY CONFIDENTIAL FORM

The Medical History Form (Page 21) is a confidential form and shall be maintained and released only in accordance with law. The confidentiality of this form is covered by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). The Medical History Form must be signed by the parent/guardian and the student athlete. The student will then hand the form in to the athletic director or athletic trainer with the other required forms. This is NOT to be given to or accepted by any other school personnel. If it is given to the athletic director, he/she will give the form directly to the athletic trainer. The athletic trainer will place the form in a folder and keep it under lock and key in the Training Room. The athletic director and athletic trainer are the only school official personnel that will have access to this information.

Now that SRCS has athletic trainers at the five high schools this information provided by parents regarding their student athletes will aid the trainers in providing the best possible treatment when an injury occurs. We thank you for being willing to fill out this form.

AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT

The Authorization for Sports Medicine and Consent for Treatment form (Page 20) is required for the safety of safety of your student athlete. The Athletic Trainers needs your permission to treat your student athlete in case of an injury due to athletic participation. This form needs to be signed by the parent/guardian and by the student. Please be sure that your student returns this signed form to the Athletic Director or Athletic Trainer with the other required forms necessary for participation.

Keep Their Heart in the Game

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

What is sudden cardiac arrest?

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

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 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, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

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

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, 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**

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.



The Cardiac Chain of Survival

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

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning
or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency
dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



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

Early Defibrillation



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

Early Advanced Care



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

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

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

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

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or 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 and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and 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.

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.

For more information about Sudden Cardiac Arrest visit

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

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

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>





2016-2017 CIF/NCS Transfer Eligibility Rules - not a CIF defined valid change of address - Electronic Form 207

Student transfers from "School A" to "School B."
(Not a Valid Change of Residence & not in a
CIF-Approved foreign exchange program)



Does the student have a hardship
as defined by CIF Bylaw
207.B.5.c.viii?



AD submits an electronic 207 -
Hardship form, indicating which
type of hardship the student is
applying for. Make sure you
upload supporting documentation
and a description of the
circumstances.



If NCS Commissioner believes
that the circumstances under
which the student transferred
satisfy one of the hardship
categories, unlimited eligibility
will be granted. If denied the student
is granted the least restrictive
eligibility allowed by CIF Bylaw
207.



Is this the students 1st Transfer
since enrolling in high school?



Did the student play any sports
(Varsity, JV, Frosh/Soph, Freshman)
at School A in the 12 months prior
to the transfer to "School B"?



AD submits an electronic "207 –
Transfer" form. In the sports the
student played in the 12 months
prior to the transfer, the student
must choose either limited eligibility,
the SOP, or a combination of both.



AD submits an electronic "207 –
Transfer" form. The student is not
eligible for the SOP, and will be
limited to Sub-Varsity in any sports
the student played in the 12 months
prior to the transfer to "School B."



AD submits an electronic "207 – No
Sports in Last 12 Months" form. This
student will be eligible for all sports
at "School B."

Relevant Questions:

- Does the student fall into any of the eight CIF-defined "hardship" categories?
- Is this the first time the student has transferred since initially enrolling in the US equivalent of 9th grade?
- Did the student play any sports in the 12 months prior to the transfer to the new school?
- Is there any pre-enrollment contact with anyone associated with the enrolling school? Any and all pre-enrollment contact must be reported. Pre-enrollment contact is evaluated by the Commissioner and some types of contact may prevent the student from being eligible for athletic activities.

Also note:

- The student must have been academically eligible at the time of transfer for any 207 waiver consideration, otherwise is not eligible until the student has completed one complete grading period at the new school.
- The student must not be transferring as a result of disciplinary actions/circumstances at the former school.
- Violations of CIF 202, 207.C and 510 may result in denial of athletic eligibility.
- All referenced numbers refer to CIF Bylaws found in the NCS Constitution and General Bylaws – Including Student Eligibility.

GIVE THE NEXT 4 PAGES (PAGES 14-21) OF THIS PACKET TO THE ATHLETIC DIRECTOR OR ATHLETIC TRAINER FOR SPORTS CLEARANCE

STUDENT APPLICATION FORM

Student Name (Print) _____ School _____

Grade: 9 10 11 12 ID #: _____ Date: _____ Date of Birth: M/Y _____

Sports(s): Fall: _____ Winter: _____ Spring: _____

Football Girls Volleyball Cross Country (Girls and Boys) Girls' Tennis Girls Golf	Basketball (Girls and Boys) Wrestling Boys Soccer Girls Soccer	Boys Tennis Boys Golf Baseball Girls Softball Swimming and Diving (Girls and Boys) Track & Field (Girls and Boys) Co-ed Badminton
---	--	---

Previous High School Attended: _____

If you attended another high school, complete the back of this page (Page 15). →

This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the California Interscholastic Federation and have read and signed all the necessary documents in the High School Student Athletic Clearance Packet.

← **Student Signature** _____ Date: _____

PARENT PERMISSION FORM
(This section is to be completed by the parent/guardian)

I hereby give my consent for the above named student: 1) to represent his/her school in all athletic activities and participate in all California Interscholastic Federation approved sports except: _____;
(See page 2 of this packet - Athletic Teams Sanctioned) 2) to accompany any team of which he/she is a member on its local or out -of -town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel; 3) I further waive, release, and discharge the Santa Rosa City School District from any claims, demands, obligations or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction in said activity or any activity that is incidental thereto.

← **Parent/Guardian Signature** _____ Date: _____

PHYSICIAN'S STATEMENT OF STUDENT CERTIFICATION

Attach physician's official student certification form to this document. Form must be on Office Letterhead and signed by a Medical Doctor, Nurse Practitioner or Osteopath. A physical performed by a Chiropractor will not be accepted. Make sure the physical examination is dated after June 1 of the current school year.

This form is only completed by 10th, 11th or 12th grade students who have attended (for any period of time) a different high school from where they are enrolled currently.

SRCS ATHLETIC ELIGIBILITY SCREENING FORM

Please answer the questions below to the best of your knowledge so that we may determine if you have any eligibility problems this year.

Student's Name: _____ Date of Birth: _____ Grade: _____

Current Address: _____ City / Zip: _____

1. I transferred to this school because:	
a. _____ my family moved from the old address to my new address.	f. _____ of discipline problems at my former school.
b. _____ I moved from one parent to another parent.	g. _____ of Open Enrollment.
c. _____ I moved from my parent(s) to a relative or another guardian.	h. _____ of an Inter-/ Intra-District Transfer.
d. _____ I moved from a relative or guardian to my parents.	i. _____ I left a continuation school.
e. _____ a court order placed me at my new address.	j. _____ I moved from a parent to live with another person.

2. Sport(s) and level of participation in the previous 12 calendar months:
 1. _____ 2. _____ 3. _____ 4. _____

	YES	NO		
3. Have you attended a school other than this school within the last year? If yes, date left that school _____ If yes, give the name of your previous school. _____				
4. Have you lived at any other address within the past year? Date you left that address _____ If yes, give your previous address _____				
5. Are you a foreign exchange student? Name of the program _____				
6. Did you play the same sport(s) during the current school year at your prior school?				
7. Have you exceeded eight consecutive semesters of attendance since enrolling in the 9 th grade?				
8. Will you turn 19 years old before June 15 of this school year?				
Definition of Undue Influence and Pre-Enrollment Contact Undue Influence: Undue influence is any act, gesture or communication (including accepting material or financial incumbent to attend a CIF member school for the purpose of engaging in CIF competition regardless of the source) which is performed personally, or through another, which may be objectively seen as incumbent, or as part of a process of inducing a student, or his or her parent or guardian, by or on behalf of, a member school, to enroll in, transfer to or remain in, a particular school for athletic purposes. Pre-enrollment Contact: Any and all pre-enrollment contact of any kind whatsoever with a student must be disclosed by the student, parent and the school to the North Coast Section Office on a completed CIF 510 form. Pre –enrollment contact may include, but not limited to: any communication of any kind, directly or indirectly, with the student, parent(s), relatives, or friends of the student about the athletic programs at a school; orientation information programs, shadowing programs; attendance at outside athletic events or by anyone associated with the school to observe the student; participation by the student in any programs supervised by the school or its associates before enrollment in the school.				
9. Have you had pre-enrollment contact of any kind by anyone from, or associated with, this school or this school's athletic program to secure or retain you or your parents to participate in athletics? (i.e. Parents or former student/athletes, booster club members, alumni, spouses or relatives of the coach, school employees, former coaches, coaching position applicant)				
10. Have you participated for a coach from this school on any club, travel team, sports camp or AAU team in the past 24 months?				
11. Do you live in the attendance area for this school?				
12. Did you shadow at this school before you enrolled?				

I hereby certify that the above information is correct. I fully understand that providing false or fraudulent information to gain eligibility could lead to ineligibility of the student for a period of up to 24 months and sanctions against the school's athletic program.

Parent/Guardian Signature	Date
Student Signature	Date

ADULT & STUDENT TRANSPORTATION FORMS

Due to financial reasons, it is not possible for Santa Rosa City Schools to provide bus transportation to athletic events. Schools must rely on private vehicles driven by the student, other students, parents, and adult volunteers to transport our students to athletic practices and competitions. **The Parent/Guardian MUST complete and sign AT LEAST ONE of the three transportation options noted below: A, B, C.**

- A) If the parent drives his or her child or other students and/or you give permission for another adult to transport your son or daughter.
- B) If you give permission for another adult or eligible student to transport your son or daughter to school sponsored activities
- C) If your son or daughter is driving himself/herself in a privately owned vehicle to school sponsored activities.

IMPORTANT NOTE: If this section is not completed, your child will not be allowed to participate in the athletic event.

A) ADULT DRIVER / USE OF PRIVATELY OWNED VEHICLE This form must be used when personally owned vehicles of employees, parents, and volunteers are used for school-sponsored activities. **A no answer to any statement prohibits the use of this driver and/or vehicle.**

Driver's Name _____ Date of Event _____
 _____ Event _____ School _____ I

CERTIFY TO THE FOLLOWING:

1. I am the registered owner/legal lessor of the vehicle that will be transporting students. I am 21 years old or older. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign below.
2. I have a valid driver's license. License Number _____
3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving for the past five (5) years.
4. I have liability/medical coverage on this vehicle with the following limits:
 Property Damage.....\$50,000 Medical.....\$5,000 Bodily Injury.....\$100,000 - \$300,000
 Name of Insurance Company _____
 Local Agent (if applicable) _____
5. My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and each passenger will have a seat belt.
 Make/Model/Year of Vehicle _____
 License Plate Number _____ Number of passenger seat belts _____

I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

→ **Signature of Driver** _____ Date _____
 Driver's Address _____ Phone Number _____

→ **Signature of Registered Owner of Loaned Vehicle** _____ Date _____
 Address _____ Phone Number _____

PRINT Student's Name _____
 Reviewed by Teacher/Coach/Athletic Director _____ Date _____

B) USE OF PRIVATELY OWNED VEHICLES
PARENT PERMISSION TO TRANSPORT SON/DAUGHTER

The following form is to be completed by parents who wish to give their daughter or son permission, in advance, to be transported to school-sponsored activities in a vehicle owned and driven by a private individual(s):

I hereby give my son/daughter, permission to be transported to school-sponsored activities during school year _____
 or (Date of Event or Athletic Season) _____ in a vehicle owned and driven by:

_____ **Parent/Adult/Coach** _____ **Student Driver** (Who has fulfilled all driver's license requirements as specified by the state of California and does not currently possess a provisional driver's license.)

_____ **Parent/Guardian Signature** _____ **Date** _____

C) STUDENT DRIVER/USE OF PRIVATELY OWNED VEHICLE

This form must be used when private vehicles are used for school-sponsored activities. **A no answer to any statement prohibits the use of this driver and/or vehicle.**

Driver's Name _____

Date of Event, Activity or Athletic Season _____

School: _____

I CERTIFY TO THE FOLLOWING:

- I am the registered owner/legal lessor or my parent/guardian is the registered owner/legal lessor of the vehicle, which will be transporting students. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign part B.
- I have fulfilled all driver's license requirements as specified by the State of California and do not currently possess a provisional driver's license. License Number _____
- I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving.
- I have liability/medical coverage on this vehicle as required by State law with the following limits:
 Property Damage.....\$50,000 Bodily Injury.....\$100,000 - \$300,000 Medical.....\$5,000 Name
 of Insurance Company _____
 Local Agent (if applicable) _____
- My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and each passenger will have a seat belt.
 Make/Model/Year of Vehicle _____
 License Plate Number _____ Number of passenger seat belts _____

I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

→ **Signature of Driver** _____ Date _____

Driver's Address _____ Phone Number _____

D. PARENT/GUARDIAN OF STUDENT DRIVER

- I give my permission for my son/daughter, _____, to drive the above vehicle for the school sponsored activities as noted above
- My son/daughter _____ can transport other students in above vehicle for the school sponsored activities as noted above.
- I understand that the vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

→ **Parent / Guardian Signature** _____ Date _____

Parent's Address _____ Phone Number _____

→ **Registered Owner Signature of Loaned Vehicle** _____ Date _____

Address _____ Phone Number _____

Reviewed by Teacher/Coach/Athletic Director _____ Date _____

VERIFICATION OF RECEIVING, READING AND UNDERSTANDING

1. Student Application Form & Parent Permission Form, Physicians Letter, Eligibility Screening Form, Physical Exam Information and Physical Education Credit for Participation in School Sports – Page 1
2. State and Section Affiliation & Sports Offered – Page 2
3. Santa Rosa City School District Notice of Serious, Catastrophic and Perhaps Fatal Accidents – Page 3
4. Santa Rosa City School District Academic Requirements for Extracurricular Activities – Page 3
5. Hazing Policy – Page 3
6. Anabolic Steroids and Illegal Drug Policy – Page 4
7. Citizenship Standards and Serious Infractions - Page 4
8. Concussion Information Form – Pages - Page 5
9. Code of Conduct for Interscholastic Student-Athletes & Student and Parent/Guardian - Page 6
10. Parent/Guardian Code of Conduct - Page 7
11. Athlete Ejection Policy Notification Form - Page 7
12. Procedure for Making a Complaint Against Coaches & Prospective College Athletes - Page 8
13. Insurance Information – Page 9
14. Physical Examination Information, Student Medical History and Medical Services and Consent to Treat– Pages 10
15. Sudden Cardiac Arrest Information– Page 11& 12
17. NCS Transfer Eligibility Rule and Guidelines – Page 13

I have received, read and understand the following sections that have been included in the Santa Rosa City School District Student Clearance Packet.

Student- Athlete Name (Print)



Student- Athlete Signature

Date

Parent/Guardian Name (Print)



Parent/Guardian Signature

Date

ATHLETIC INSURANCE INFORMATION STATEMENT

Student-Athlete's Name _____

I have sent a check for accident insurance as indicated below in order to meet the requirements of the California Law (Code Section 32221)

Check the appropriate response

- Tackle football Insurance (Covers tackle football only).
- School Time Insurance (Covers sports other than football).
- Full Time Insurance (Covers sports other than football).

OR

- I have health or accident insurance for my daughter/ son which meet the requirements of California Law (Code Section 32221) and elect not to purchase student insurance **(Must list company name and policy or group number below).**

Company Name

Policy or Group Number

I will promptly notify the school in the event insurance coverage no longer applies to my student.

→ **Parent/Guardian Signature** _____ **Date** _____

EMERGENCY PROCEDURE / DISASTER AUTHORIZATION

Athlete's Name _____ **Student ID#** _____

Sport(s) to be played this year: _____

In case of emergency, disaster, illness or accident to the above mentioned student-athlete, the coach is authorized to contact and release to the following contacts in the order indicated:

	PHONE # 1	PHONE # 2
First Contact Choice Name	1. _____	2. _____
First Contact Choice Address	_____	
Second Contact Choice Name	1. _____	2. _____
Second Contact Choice Address	_____	

Family Physician (Name) _____ **Phone** _____

Check the medical emergencies that need to be brought to the attention of the coach:

_____ Allergies _____ Asthma _____ Diabetes _____ Heart Problems _____ Multiple Concussions _____ Bee Stings

Other medical conditions to be aware of: _____

→ **Parent/Guardian Signature** _____ **Date** _____

OPTIONAL EMERGENCY TREATMENT AUTHORIZATION

To: Physician or Emergency Personnel: I give permission for emergency medical treatment of _____, if I am unavailable.

→ **Parent/Guardian Signature** _____ **Date** _____

REQUIRED FOR PARENT/ GUARDIAN: please check at least one item below

PERMISSION TO TRANSPORT SON/DAUGHTER

<input type="checkbox"/>	Student rides with own Parent
<input type="checkbox"/>	Student rides with Other Adult Driver
<input type="checkbox"/>	Student rides with other eligible Student Driver
<input type="checkbox"/>	Student drives himself/herself

→ **SIGNATURE OF PARENT/ GUARIDAN** _____



AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT

I, the undersigned, am the parent/legal guardian of, _____, a minor and student
(Student-athlete name- please print)
at _____ planning on participating in _____.
(Name of school) (Sport)

I understand that the Certified Athletic Trainer (ATC) is contracted by the school to provide sports medicine services for the school's student-athletes. I hereby give consent for an ATC and/or other sports medicine clinical staff to provide sports medicine services for the above minor. Sports medicine services include, but are not limited to: administering first aid for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer and/or other sports medicine clinical staff will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. I understand that a written report for any athletic injury assessment for the athlete will be confidentially maintained in the files of the training room or school nurse's office.

I, hereby authorize the Athletic Trainer and/or other sports medicine staff who provide services to the above-named athlete to disclose information about the athlete's injury assessments and post-injury status. I understand such disclosures will be done, as needed, with the involved coaching staff, Athletic Director of the school, the school nurse, any treating healthcare provider and/or consulting concussion management specialist.

I understand that there is no charge for me for the above listed athletic training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the provider of his/her choice.

Injured athletes that have been evaluated and/or treated by a physician must submit written clearance from that physician to the Athletic Trainer prior to the athlete being permitted to resume activity. In circumstances where an athlete has been removed from play because of a suspected head injury or concussion, the athlete will not be permitted to return to play until the athlete is evaluated by a licensed health care provider, receives medical clearance and written authorization from that provider. This Authorization shall remain in effect for one sports season beginning with the date set forth below.

Parent/Guardian Name _____ Signature _____ Date _____
Relationship to student athlete _____ Cell/Work phone _____
Home Address _____ Home Phone _____
Student Athlete Name _____ Sex ___ Grade ___ Date of Birth _____

Allergies _____
Current Medications (ie. asthma inhalers, epi-pen, etc.) _____
Physical Impairments _____
Other Pertinent Medical History (surgeries, diabetes, seizures, heart condition, etc.) _____

Physician Name _____ Physician Phone _____

Pre-Participation Head Injury/Concussion Reporting:

Has student ever experienced a traumatic head injury (a blow to the head)? Yes ___ No ___ If yes, when? ___
Has student ever received medical attention for a head injury? Yes ___ No ___ If yes, when? _____
If yes, please describe the circumstances: _____
Duration of symptoms (headache, difficulty concentrating, fatigue) for most recent concussion: _____

Student Athlete Signature

Parent/Guardian Signature

NOTE: PLEASE PRINT THIS PAGE TO COMPLETE THE INFORMATION. PLEASE SIGN AND DATE THIS FORM, AND RETURN TO THE ATHLETIC DIRECTOR, WITH THE CONSENT FORM.

**PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM**

(Note: This form is to be filled out by the patient prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

 Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines _____ Pollens _____ Food _____ Stinging Insects _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS		Yes	No
1. Has a doctor every denied or restricted your participation in sports for any reason?				26. Do you cough, wheeze, or have difficulty during or after exercise?			
2. Do you have any ongoing medical condition? If so, please identify below: _____ Asthma _____ Anemia _____ Diabetes _____ Infections Other: _____				27. Have you ever used an inhaler or taken asthma medicine?			
3. Have you ever spent the night in the hospital?				28. Is there anyone in your family who has asthma?			
4. Have you ever had surgery?				29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?			
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?				31. Have you had infectious mononucleosis (mono) within the last month?			
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				32. Do you have any rashes, pressure sores or any skin problems?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?				33. Have you had a herpes or MRSA skin infection?			
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: _____ High blood pressure _____ A heart murmur _____ High cholesterol _____ A heart infection _____ Kawasaki disease _____ Other: _____				34. Have you ever had a head injury or concussion?			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)				35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?			
10. Do you get lightheaded or feel more short of breath than expected during exercise?				36. Do you have a history of seizure disorder?			
11. Have you ever had an unexplained seizure?				37. Do you have headaches with exercise?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?				38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No	39. Have you ever been unable to move your arms and legs after being hit or falling?			
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?				40. Have you ever become ill while exercising in the heat?			
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?				41. Do you get frequent muscle cramps when exercising?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?				42. Do you or someone in your family have sickle cell trait or disease?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?				43. Have you had any problems with your eyes or vision?			
BONE AND JOINT QUESTIONS		Yes	No	44. Have you had any eye injuries?			
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?				45. Do you wear glasses or contact lenses?			
18. Have you ever had any broken or fractured bones or dislocated joints?				46. Do you wear protective eyewear, such as goggles or a face shield?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?				47. Do you worry about your weight?			
20. Have you ever had a stress fracture?				48. Are you trying to or has anyone recommended that you gain or lose weight?			
21. Have you ever been told that you have or have you ever had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)				49. Are you on a special diet or do you avoid certain types of foods?			
22. Do you regularly use a brace, orthotics, or other assistive device?				50. Have you ever had an eating disorder?			
23. Do you have a bone, muscle or joint injury that bothers you?				51. Do you have any concerns that you would like to discuss with a doctor?			
24. Do any of your joints become painful, swollen, feel warm, or look red?				FEMALES ONLY		Yes	No
25. Do you have any history of juvenile arthritis or connective tissue disease?				52. Have you ever had a menstrual period?			
				53. How old were you when you had your first menstrual period?			
				54. How many periods have you had in the last 12 months?			

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
 Signature of athlete _____ Signature of parent/guardian _____ Date _____

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