

SAN DIEGO CITY SCHOOLS
 SCRIPPS RANCH HIGH SCHOOL
2007-2008 ATHLETIC PARTICIPATION FORM

Completion of this form requires:
SIX parent signatures and TWO parent initials
TWO student signatures TWO student initials

**ALL PHYSICAL EXAMS MUST BE COMPLETED ON THE ATTACHED FORM (page 8);
 NO OTHER PHYSICAL EXAM FORMS WILL BE ACCEPTED (SDUSD policy)**

PHYSICAL EXAM FOR THE 2007-2008 SCHOOL YEAR MUST BE DATED MAY 1, 2007 OR LATER

Complete all fields. Please print clearly

| | | |
|-----------------------------|------------------------------|----|
| | | |
| STUDENT-ATHLETE'S LAST NAME | STUDENT-ATHLETE'S FIRST NAME | MI |

| | | |
|--|------|-----|
| | | |
| HOME ADDRESS (where student-athlete legally resides) | CITY | ZIP |

| | |
|---|---------------------------------|
| | |
| PRINTED PARENTS/GUARDIAN/CAREGIVER NAMES (person(s) student-athlete legally resides with) | HOME TELEPHONE (with area code) |

| | | | | | | |
|-----------------|-------------------|---------------------|------------------------------|--|--|--|
| FEMALE | MALE | | | | | |
| GENDER (circle) | STUDENT BIRTHDATE | AGE ON SEPT 1, 2007 | 2007-08 GRADE LEVEL (circle) | | | |

| | | |
|---|---|--|
| | <input type="checkbox"/> 2004-2005 <input type="checkbox"/> 2006-2007 <input type="checkbox"/> 2005-2006 <input type="checkbox"/> 2007-2008 <input type="checkbox"/> Other | |
| SCHOOL OF ATTENDANCE IN THE 2006-07 School Year | SCHOOL YEAR YOU STARTED 9 TH GRADE (check) | NAME OF SCHOOL YOU STARTED 9 TH GRADE |

| | | |
|------------------------|--------------------------|--------------------------|
| | | |
| ANTICIPATED FALL SPORT | ANTICIPATED WINTER SPORT | ANTICIPATED SPRING SPORT |

1. PARENT'S INSURANCE SECTION:

The California Education Code requires that every student have at least \$1500 medical/hospital expense insurance in order to participate in interscholastic athletics (Education Code Sections 32220-32224). My medical insurance covers the above named student for a least \$1500 and is issued by:

| | |
|-----------------------------------|--------------------------------------|
| | |
| Name of Medical Insurance Company | Policy/Certificate Number (required) |

I further assure that the insurance policy or policies I have will cover and remain current and in force during the time the above named student performs any function within the scope of Education Code Section 32220-32224 during the current school year. I also assure that I will notify the school should my insurance coverage change during the current school year.

Student Accident Insurance

Student Accident Insurance, made available by the San Diego City Schools, provides minimum coverage at a low premium, however coverage by policy could result in additional out of pocket expenses. Additional coverage is strongly recommended. A separate information brochure and application is available from the school. Return the completed application and premium, to the school. The completed application is required before any athletic participation can occur.

PLEASE COMPLETE THIS SECTION BY CHECKING THE APPROPRIATE BOX(ES):

| | | |
|--|---|---|
| <input type="checkbox"/> Sports Only Coverage (excludes tackle football) | <input type="checkbox"/> Tackle Football Coverage (football only) | <i>School Use Only</i> School Verification by: _____ |
|--|---|---|

I also agree to indemnify and hold the San Diego Unified School District harmless against responsibility for insurance coverage required under the aforementioned legal sections. By signing this statement, I agree to accept responsibility for all medical costs for injuries sustained by the above-named student while participating in the school athletic program.

Note: Some insurance policies exclude tackle football. Please check your policy.

I declare under penalty of perjury that the above is true and correct:

| | | |
|---------------------------|------------------------------|------|
| X | | |
| Parent/Guardian Signature | Printed Parent/Guardian Name | Date |

2. PARENT PERMISSION:

I hereby give consent for the above named to compete in sports and to travel with the team to various events using transportation that qualifies under the Board of Education regulations. In case of injury I hereby give consent for my son/daughter to have first aid administered by school personnel and to be transported to a doctor or hospital for further treatment if deemed necessary. I also recognize that my son or daughter will be subject to district policies and procedures, current training rules and that failure to abide by these policies and rules may result in his/her being dropped from the athletic program. In addition, should my son/daughter participate in interscholastic sports, including football, I understand that no helmet or other protective equipment can prevent all head, neck, or other catastrophic injuries a player might receive while participating in interscholastic sports, including football.

| | |
|--|----------|
| | X |
|--|----------|

Date _____ Signature of Parent or Guardian _____

3. PARENT'S RESIDENCE STATEMENT (RESIDENTIAL/ TRANSFER ELIGIBILITY):

Residential eligibility is required of all student-athletes. Compliance with residential eligibility rules is mandatory to avoid forfeiture of contests in which your son/daughter participates (SDUSD Procedure 4172 & CIF Rule 211-223). Indicate below the status of your residency.

check all that apply

- 3.1a We presently live within the boundaries of **SCRIPPS RANCH HIGH SCHOOL's** residential attendance area.
- 3.1b We presently **DO NOT** live within the boundaries of **SCRIPPS RANCH HIGH SCHOOL's** residential attendance area.
Name of special attendance program (e.g., seminar, choice, VEEP, NCLB)

| |
|--|
| |
|--|
- 3.2a My student has been continuously enrolled at Scripps Ranch High School since initially entering 9th grade.
- 3.2b My student has NOT been continuously enrolled at Scripps Ranch High School since entering 9th grade (also complete 3.2c below).
List all high schools attended since entering 9th grade

| |
|--|
| |
|--|

List ALL sports of participation at previous school(s)

| |
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|--|
- 3.2c If 3.2b is checked, The use of undue influence by any person or persons to secure or retain a student or to secure or retain one or both parents/guardians of a student as residents may cause the student to be ineligible for high school athletics for a period of one year and shall jeopardize the standing of the high school in the CIF. WE CERTIFY THAT THERE HAS BEEN NO UNDUE INFLUENCE IN OUR DECISION TO ATTEND SCRIPPS RANCH HIGH SCHOOL.
- 3.3a My student has been legally living with the same parent(s)/guardian(s) since entering 9th grade.
- 3.3b My student is living with somebody different than when they entered the 9th grade. (if yes, please contact SRHS's Athletic Director)

If a student changes schools and the parent(s) or legal guardian(s) do not move to the attendance area of the new school, eligibility could be restricted for one year unless qualifying for a hardship. A hardship is defined as an unforeseeable, unavoidable, or uncorrectable act, condition, or event, which causes the imposition of a severe and non-athletic burden upon the student or his/her family. The three considerations for hardship may be financial considerations, medical considerations, and/or family circumstances. Contact the athletic director before changing schools to determine whether it will affect athletic eligibility. Eligibility information available from CIF San Diego at www.cifsd.org/eligibility.

I declare under penalty of perjury that the above information is true, the address listed on page one is our legal residence, and we are legally residing at that address.

| | |
|--|----------|
| | X |
|--|----------|

Date _____ Signature of Parent or Guardian _____

4. STUDENT-ATHLETE'S AGREEMENT (Signature below) I understand that my participation in athletic programs is a privilege. Student-athletes, are expected to conduct themselves in an exemplary manner at all times. I understand that I have to establish and maintain athletic eligibility including passing at least 4 subjects in the grading period prior to my participation with a grade point average, in scholarship and citizenship, of 2.0 or above (for complete Athletic Program Eligibility Requirements see SDUSD Administrative Procedure 4172 and www.cifsd.org/eligibility).

I agree to abide by CIF and City Conference policies and rules including the CIF Ethics in Sports and Pursuing Victory with Honor policy. I agree to abide by the San Diego Unified School District and City Conference Policy Against Hazing (SDUSD Administrative Procedure 6240). I agree to abide by the S.D. Unified School District's Zero Tolerance Policy, Policy on Alcohol, Tobacco and Other Drugs (SDUSD Administrative Procedure 6298) including the Graduated Sanctions and Interventions for Student Substance Abuse. I understand that the Athletic Department does not condone the use of alcohol, tobacco or drugs, including performance-enhancing substances. I agree to abide by and to comply with the rules and code of conduct established by the coach.

I recognize that the Varsity and/or Junior Varsity letter award remains the property of the school until graduation and that the school can curtail the wearing of which at any time.

Because of the dangers of participating in sports, I recognize the importance of listening to, and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of reading and adhering to written instructions and written warnings regarding playing techniques, training methods, rules of the sport, and other team rules.

5. ATHLETIC TRANSPORTATION (Signature below)

Scripps Ranch High School will take every precaution to assure the welfare and safety of each student participating in athletics. However, it is important that you understand that the school district cannot assume financial or legal liability in the case of injury or accident. Parents are offered the opportunity to buy student insurance, but this insurance does not cover transportation to and from school events or field trips. Such transportation will be by chartered bus and sometimes by private cars driven by parents, students, or school employees. The following are instructions for parents and students who use their car or other vehicles to transport other students on field trips, or to and from school athletic events (SDUSD Procedure 4586):

- a) Check to see that you have a current driver's license (students with "Restricted" driver's licenses are NOT allowed to transport others).
- b) Check safety of vehicle: tires, brakes, lights, horn, suspension, etc. A safety check of the type conducted by the California Highway Patrol is recommended. Also, School Safety Division of the San Diego Police Dept. can be of assistance.
- c) Check adequacy of your liability insurance. You are liable in event of illness, accident, injury or death resulting from such use of your vehicle. State law states that "all persons making any field trip or excursion shall be deemed to have waived all claims against the district (its employees) or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion." (Ed. Code 35330)
- d) Carry only the number of passengers for which your vehicle was designed. Number of occupants in a sedan, passenger vehicle, station wagon, or van, including the driver, may not exceed eight. (Ed. Code 39830) Each passenger should be required to use a safety belt.
- e) The number of occupants in a pickup or motor truck may not exceed more persons than can safely sit in the passenger compartment. Motor homes may not be used to transport students. Students are expressly forbidden to ride in the cargo area of pickups or motor trucks whether or not camper shells or other protective coverings enclose these areas. (Ed. Code 39830)
- f) If appropriate, travel caravan style if more than one vehicle is used for a trip.

6. SAN DIEGO CITY SCHOOLS - ATHLETIC POLICY AGAINST HAZING (Signature below)

San Diego Unified School District strives to maintain a healthy athletic program in which all students feel safe and welcome and can be proud of the school and athletic programs they represent. SDUSD Administrative Procedure 6240C3F states in part "hazing, in any form, is strictly prohibited. Violation of the law prohibiting hazing is a misdemeanor." (Education Code 32050-52)

Education Code 32050. Hazing As used in this article, "hazing" includes any method of initiation or pre-initiation 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. Hazing: prohibition: violation: misdemeanor. 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 (\$5000), or imprisonment in the county jail for not more than one year, or both.

Persons violating this policy shall be subject to site/District discipline including forfeiture of athletic eligibility.

I understand that hazing of any kind is not allowed on this campus and in the athletic program. This includes mental, verbal, and physical acts. I further understand that it is my duty to report any acts of hazing that I see to a coach or administrator on campus. (Hazing Policy 5/29/99)

7. SAN DIEGO CITY SCHOOLS - POLICY on ALCOHOL, TOBACCO AND OTHER DRUGS, INCLUDING PERFORMANCE ENHANCING SUBSTANCES (Signature below)

SDUSD Administrative Procedure 6298 outlines general legal requirements and administrative procedures governing substance abuse policies and programs for students. It also includes consequences for alcohol, tobacco, and/or drug possession, use, sale, or provision on district school campuses. Procedure 6298 also outlines the Graduated Sanctions and Interventions for Student Substance Abuse. Specific items of Procedure 6298 that directly relate to athletic participation include:

C. General, paragraph r (pg 4): **Performance enhancing substances**: The possession, use, and abuse of androgenic/anabolic steroids and other performance enhancing substances by students is strictly prohibited in compliance with Education Code provisions, Health and Safety Code requirements, and CIF Rule 524. Medical exceptions are defined in Administrative Procedure 6372.

Graduated Sanctions (AP 6298, pg 7) First Offense: **Loss of Eligibility** to participate in interscholastic activity for thirty (30) school days. Summer vacations or holiday breaks do not count towards the 30-school day loss of eligibility requirement. The second offense results in a ninety (90) school day loss of eligibility. These graduated sanctions are based on the grade-level span of the school (e.g., 9-12 for high school) and are cumulative for the student-athlete's high school career. Students are not permitted to start at step one each year. Example: student serves step one (30 days ineligibility) as a freshman and has a repeat offense as a senior. The senior-year offense results in a 90 school day loss of eligibility.

These Graduated Sanctions can be found in the SRHS Student Handbook and the entire Administrative Procedure 6298 can be viewed on the SDCS website, <http://prod021.sandi.net/proceures/pdf/pp6298.pdf> and <http://prod021.sandi.net/proceures/pdf/pp6298att2.pdf>

I fully understand the regulations and instructions stated above (Student-Athlete's Agreement, Athletic Transportation, Athletic Policy Against Hazing and Policy on Alcohol, Tobacco and Other Drugs). By signing below, I agree to support these District policies and understand that failure to comply could result in dismissal from participating in the athletic program at SRHS. Further disciplinary action, as outlined in District policy and procedures, could occur as well. We certify that on every field trip throughout the season our son/daughter will comply as directed. I understand transportation to several away contests is by student vehicles. I realize that failure to comply could result in dismissal from participation in the athletic program at Scripps Ranch High School. I have read this information and will allow my son/daughter to try-out for and participate on a Scripps Ranch High School athletic team.

Printed Student-Athlete's Name

Student-Athlete's Signature

Date

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

8. PROCEDURE FOR CONCERNS WITHIN THE ATHLETIC PROGRAM AT SCRIPPS RANCH HIGH SCHOOL

Discussions about your child's attitude, work ethic, behavior, eligibility, efforts to improve, how a coach treats the child, both physically and verbally, and your child's safety are all appropriate topics for discussion with coaches. Playing time, techniques, strategies, practice organization, and play selection are not appropriate topics for parents to discuss with coaches. Conversations should be confined to your child and should exclude other students, players, and parents. Your child should be included and be present at the meeting. It is not appropriate to speak with a coach immediately before or after a practice or game. The following procedure should be used for contacting coaches:

1. Player speaks directly to position coach
2. Player speaks directly to head coach,
3. Parent may talk to the head coach (by appointment)
4. Parent may contact the athletic director (by appointment)
5. Parent may contact the Vice Principal for Athletics (by appointment)
6. Parent may contact the Principal (by appointment)

A parent contacting a school administrator without following this procedure will be referred back to the coach.

9. CIF SAN DIEGO SECTION - ETHICS IN SPORTS



CIF-San Diego Section
6401 Linda Vista Road, Room 504
San Diego, CA 92111
Phone (858) 292-8165
Fax (858) 292-1375
www.cifsd.org

ETHICS IN SPORTS (ATHLETE-PARENT/GUARDIAN/CAREGIVER) – REVISED 3/19/07

I. POLICY STATEMENT

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

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

- A. Comply with the six pillars and 16 Principles of the Pursuing Victory with Honor program (next page).
- B. Be courteous at all times with school officials, opponents, game officials, and spectators.
- C. Exercise self-control.
- D. Know all rules of the contest of CIF State and the CIFSDS and agree to follow the rules.
- E. Show respect for self, players, officials, coaches, and spectators.
- F. Refrain from the use of foul and/or abusive language at all times.
- G. Respect the integrity and judgment of game officials.
- H. Abstain from the use of illegal and nonprescription drugs, alcohol, or any substance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States, or the American Medical Association.
- I. Not use at any time any androgenic/anabolic steroid except with the written prescription of a fully licensed medical doctor by the American Medical Association to treat a diagnosed medical condition.
- J. Only permit use, at any time, non-muscle building, nutritional supplement(s) and only for the purpose of providing additional calories and electrolytes. For the purpose of this policy, permissible non-muscle building nutritional supplements are identified according to the following classes: carbohydrate/electrolyte drinks, energy bars, carbohydrate boosters, and vitamins and minerals.
- K. Only permit use non-muscle building nutritional supplements for the purpose of providing additional calories and electrolytes.
NOTE: The Food and Drug Administration (FDA) using regulations from the Federal Food Drug and Cosmetic Act requires labeling for food products, prepared foods such as bread, cereals, canned and frozen foods, snacks, desserts, drinks, etc., food product labels will be titled: "Nutritional Facts." The Dietary Supplement Health and Education Act (DSHEA) of 1994 requires that manufacturers and distributors of dietary supplements list their ingredients. The labels will be titled "Supplement Facts" and must also include a disclaimer from the FDA stating, "These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent a disease.)"
- L. **Win with character; lose with dignity.**

Parent/Guardian Initials

Student-Athlete's Initials

PURSuing VICTORY WITH HONOR

SIX PILLARS OF CHARACTER

TRUSTWORTHINESS RESPECT RESPONSIBILITY FAIRNESS CARING GOOD CITIZENSHIP

SIXTEEN PRINCIPLES OF PURSUING VICTORY WITH HONOR

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."
2. It's the duty of School Boards, superintendents, school administrators, parents, and school sports leadership - including coaches, athletic administrators, program directors, and game officials - to promote sportsmanship and foster good character by teaching, enforcing, advocating, and modeling these "six pillars of character."
3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical, and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.
4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules, and they must conduct themselves, on and off the field, as positive role models who exemplify good character.
5. School Boards, superintendents, school administrators, parents, and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents, and spectators.
6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.
7. The importance of character, ethics, and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.
8. School Boards, superintendents, school administrators, parents, and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.
9. School Boards, superintendents, principals, school administrators, and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical, and ethical well-being of student-athletes is always placed above desires and pressure to win.
10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.
11. Everyone involved in competition including parents, spectators, associated student body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting, and inappropriate celebrations.
12. School Boards, superintendents, and school administrators of CIF member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of: 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character. 2) The physical capabilities and limitations of the age group coached as well as first aid and CPR. 3) Coaching principles and the rules and strategies of the sport.
13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.
14. To safeguard the health of athletes and the integrity of the sport, school sports programs must actively prohibit the use of alcohol, tobacco, drugs, and performance-enhancing substances, as well as demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school's name or reputation. There should be no undue interference or influence of commercial interests. In addition, sports programs must be prudent, avoiding undue financial dependency on particular companies or sponsors.
16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimension of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring, and good citizens.

Parent/Guardian Initials

Student-Athlete's Initials

VIOLATIONS, MINIMUM PENALTIES, AND APPEAL PROCESS

(Applicable to players and coaches from time of departure for contest until time of return.)

| ACT | MINIMUM PENALTIES* |
|--|---|
| 1. Behavior resulting in ejection of athlete or coach from contest | "Any coach, player, team attendant, or spectator ejected by a contest official from any contest for any reason, at any level, is suspended indefinitely from participation, practice, or attending (sight and sound) any sports contest, until a meeting is scheduled between the <u>school administration, coach, player, and custodial parent(s)/guardian(s)</u> with CIFSDS staff member(s). Meetings will be scheduled at a time to be announced. There is no appeal of the Commissioner's decision. Telephonic and electronic meetings are not permitted. Additionally, any person ejected (coach, player, spectator) is required to attend a CIFSDS Ethics In Sports Sportsmanship Meeting, which will be held at a time to be announced. Failure to attend the sportsmanship meeting will result in immediate suspension of athletic eligibility or attendance (sight and sound) at contests or practices until such time as the ejected person attends a Sportsmanship Meeting. (Effective July 1, 2005, approved Board of Managers on June 7, 2005.) |
| 2. Illegal participation in next contest by athlete ejected in previous contest. | Ineligibility for remainder of season for athlete. A written appeal may be made by the individual or school to the commissioner. |
| 3. Illegal placement of ejected athlete in next contest or illegal participation by coach ejected in previous contest. | Green Book procedure for coach who knowingly violates a CIF or San Diego Section rule. Penalty may include a sanction to the school, coach, or suspension of membership. |
| 4. Second ejection of athlete or coach from contest during one season. | Ineligibility of athlete for remainder of season of suspension of coach for remainder of season. A written appeal may be made by the school principal within two school days to the commissioner. Official to make report by the next school day to the commissioner. The decision by the commissioner may include suspension of any length up to and including the remainder of the season or the next season. |
| 5. When an athlete leaves the bench area or fielding position to begin a confrontation or leaves the bench area or fielding position to join an altercation. | Ejection from the contest for those designated by the official, ineligibility for the next contest, and player(s) to be placed on probation for balance of season. A written appeal may be made by the individual(s) or school to the commissioner. Official to make report by the next school day to the commissioner. A similar infraction of this act by the same athlete(s) during the same season will result in cessation of the season for the athlete(s) concerned. A written appeal may be made by the school principal to the Commissioner. |
| 6. When more than two athletes leave the bench area or fielding position to begin a confrontation or leave the bench area or fielding position to join an altercation. | Contest will be stopped by officials and coaches. Ejection from the contest for those athlete(s) designated by the officials. The team(s) that left the bench area must forfeit the contest, record a loss, and the team(s) and player(s) placed on probationary status for the remainder of the season. A written appeal may be made by the school(s) principal to the commissioner. A second infraction will result in cessation of the season for the team(s) and/or athlete(s). A written appeal may be made by the school(s) principal to the commissioner. Official to make report by the next school day to the commissioner. If the act occurs in the CIF-San Diego Finals, and both teams are charged with a forfeit, there will be no champion. A written appeal may be made by school(s) principal to the commissioner. Official to make report by the next school day to commissioner. |
| 7. Other acts committed by individuals or teams or acts committed at end of season. | Commissioner, as authorized by Green Book, to determine and implement penalties up to and including career suspension for individuals and following year penalties for teams. |

NOTE: In cases of violations during a regular season tournament, tournament management will necessarily act upon any appeal regarding subsequent game suspensions. Report will still be required of official to the commissioner.

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

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

ANY PARENTS/GUARDIANS/CAREGIVERS RESIDING WITH THIS STUDENT MUST SIGN THIS PAGE

| | | |
|---|-------------------------------------|------|
| Printed Student-Athlete's Name | X | |
| | Student-Athlete's Signature | Date |
| Printed Parent/Guardian/Caregiver Name (e.g., mother) | X | |
| | Parent/Guardian/Caregiver Signature | Date |
| Printed Parent/Guardian/Caregiver Name (e.g., father) | X | |
| | Parent/Guardian/Caregiver Signature | Date |
| Printed Parent/Guardian/Caregiver Name | X | |
| | Parent/Guardian/Caregiver Signature | Date |

10. PARENT'S MEDICAL STATEMENT AND EMERGENCY INFORMATION

FATHER'S WORK PHONE: ()

MOTHER'S WORK PHONE: ()

FAMILY DOCTOR:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE: ()

FATHER'S CELL PHONE or PAGER ()

MOTHER'S CELL PHONE or PAGER ()

DR. PHONE: ()

RELATIONSHIP:

CELL PHONE or PAGER: ()

Brief Medical History:

Please answer the following questions regarding your son/daughter/ward:

| | | |
|---|-----|----|
| 1. Has had injuries requiring medical attention. | Yes | No |
| 2. Has had an illness requiring hospitalization. | Yes | No |
| 3. Is under physician's care at this time. | Yes | No |
| 4. Has had coughing, wheezing, or trouble breathing during or after activity. | Yes | No |
| Has had asthma. | Yes | No |
| Has had seasonal allergies that require medical treatment. | Yes | No |
| 5. Are you currently taking any prescription or non-prescription (over the counter) medications or pills or using an inhaler? | Yes | No |
| Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | Yes | No |
| 6. Have you ever passed out during or after exercise? | Yes | No |
| Have you ever been dizzy during or after exercise? | Yes | No |
| Have you ever had chest pain during or after exercise? | Yes | No |
| Do you get more tired quickly than your friends do during exercise? | Yes | No |
| Have you ever had racing of your heart or skipped heartbeats? | Yes | No |
| Have you ever been told that you have a heart murmur? | Yes | No |
| Has any family member or relative died of heart problems or of sudden death before age 55? | Yes | No |
| Have you had a severe viral infection (for example, myocarditis, or mononucleosis) within the last month? | Yes | No |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | Yes | No |

| | | |
|--|-----|----|
| 7. Have you ever had a head injury or concussion? | Yes | No |
| Have you ever been knocked out, become unconscious, or lost your memory? . | Yes | No |
| Have you ever had a seizure? | Yes | No |
| Do you have frequent or severe headaches? | Yes | No |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | Yes | No |
| Have you ever had a stinger, burner, or pinched nerve? | Yes | No |
| 8. Have you ever become ill or felt light headed from exercising in the heat? | Yes | No |
| 9. Is hearing impaired, has glasses / contact lenses. | Yes | No |
| 10. Has fixed or removable appliances in mouth. | Yes | No |
| 11. Is there a reason for this individual to avoid participation on a certain sport? | Yes | No |

Please explain if yes response: _____

12. Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles _____

Hepatitis B _____ Chickenpox _____

In case of injury I hereby give consent for my son /daughter to have initial first aid administered by school personnel in charge and to be transported to a doctor or hospital for further treatment if necessary.

X

Parent/Guardian Signature

Date

11. PHYSICAL EXAMINATION:

Please print clearly

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

STUDENT-ATHLETE'S LAST NAME

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

STUDENT-ATHLETE'S FIRST NAME

| |
|--|
| |
|--|

MI

This section to be completed by a physician or nurse practitioner.

Review of Medical History:

Pertinent past medical history: _____

Current medical disorders: _____

List all medications (both routine and prescription drugs) _____

Physical Exam:

BP _____ HEIGHT _____ WEIGHT _____ VISION _____

NEUROLOGICAL _____ HEAD/NECK _____ CHEST/AIRWAY _____

SKIN _____ CARDIOVASCULAR _____ ABDOMEN _____

GENITALIA/HERNIAS _____ MUSCULOSKELETAL _____ STRENGTH _____

Description of abnormalities above: _____

Recommendations:

_____ There are no restrictions or special considerations to participation in the high school athletic program.

_____ The following are limitations or special considerations: _____

_____ This student should be restricted from participating in high level contact sports with post-pubertal males at this time.

_____ This student is disqualified from sports until further evaluation.

Physician or Nurse Practitioner statement/signature:

I, the undersigned, am licensed to elicit and interpret the medical history, pharmaceutical history, and clinical findings of a complete health assessment for participation in an athletic program. I have completed this assessment and recorded all pertinent findings above.

X

Physician, DO or Nurse Practitioner Signature

Date of Exam
(May 1, 2007 or later for 2007-08 school year)

Printed Name

License Number

Address

Notes:

SCRIPPS RANCH HIGH SCHOOL
Medical Emergency Card

| | |
|-----------------------------------|--|
| For School Use Only | |
| <input type="checkbox"/> ASB Card | <input type="checkbox"/> Ath Part Form |

Please print clearly

| | | |
|-----------------------------|------------------------------|----|
| | | |
| STUDENT-ATHLETE'S LAST NAME | STUDENT-ATHLETE'S FIRST NAME | MI |

| | |
|---|---------------------------------|
| | |
| PRINTED PARENTS/GUARDIAN NAMES (person(s) student-athlete legally resides with) | HOME TELEPHONE (with area code) |

| | | |
|--|------|-----|
| | | |
| HOME ADDRESS (student-athlete's legal residence) | CITY | ZIP |

MEDICAL ALERTS

| |
|--|
| |
|--|

FATHER'S WORK PHONE: ()

FATHER'S CELL PHONE or PAGER: ()

MOTHER'S WORK PHONE: ()

MOTHER'S CELL PHONE or PAGER: ()

FAMILY DOCTOR:

DOCTOR'S PHONE: ()

EMERGENCY CONTACT NAME:

RELATIONSHIP:

EMERGENCY CONTACT PHONE: ()

CELL PHONE or PAGER: ()

AUTHORIZATION FOR STUDENT PARTICIPATION IN ATHLETICS

I, the undersigned, am the parent/guardian of the above named student enrolled at SCRIPPS RANCH HIGH SCHOOL, a public school operated by the San Diego Unified School District. I authorize my son/daughter, named above, to participate in athletics during the period of May 1, 2007 through June 30, 2008.

In the event of injury or illness to the above named student, I hereby grant to a duly authorized representative of the San Diego Unified School District to act as guardian/spokesman in granting permission for emergency medical treatment/hospitalization (including anesthesia) if necessary for my student while in route to or from or at the site of school activities. I understand that should a health emergency arise, I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I personally assume responsibility for any costs of such care not covered by insurance.

X

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Executed in the City of San Diego, County of San Diego, State of California, on (date) _____

Circle

| | | |
|--|---|---|
| 1. Has had injuries requiring medical attention. | Y | N |
| 2. Has had an illness requiring hospitalization. | Y | N |
| 3. Is under physician's care at this time. | Y | N |
| 4. Has had coughing, wheezing, or trouble breathing during or after activity. | Y | N |
| Has had asthma. | Y | N |
| Has had seasonal allergies that require medical treatment. | Y | N |
| 5. Are you currently taking any prescription or non- prescription (over the counter) medications or pills or using an inhaler? | Y | N |
| Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | Y | N |
| 6. Have you ever passed out during or after exercise? | Y | N |
| Have you ever been dizzy during or after exercise? | Y | N |
| Have you ever had chest pain during or after exercise? | Y | N |
| Do you get more tired quickly than your friends do during exercise? | Y | N |
| Have you ever had racing of your heart or skipped heartbeats? | Y | N |
| Have you ever been told that you have a heart murmur? | Y | N |
| Has any family member or relative died of heart problems or of sudden death before age 55? | Y | N |
| Have you had a severe viral infection (for example, myocarditis, or mononucleosis) within the last month? | Y | N |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | Y | N |

Circle

| | | |
|--|---|---|
| 7. Have you ever had a head injury or concussion? | Y | N |
| Do you have frequent or severe headaches? | Y | N |
| Have you ever had a seizure? | Y | N |
| Have you ever been knocked out, become unconscious, or lost your memory? | Y | N |
| Have you ever had a stinger, burner, or pinched nerve? | Y | N |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | Y | N |
| 8. Have you ever become ill or felt light headed from exercising in the heat? | Y | N |
| 9. Is hearing impaired, has glasses / contact lenses. | Y | N |
| 10. Has fixed or removable appliances in mouth. | Y | N |
| 11. Is there a reason for this individual to avoid participation in a certain sport? | Y | N |

Please explain any "Yes" response.

| | |
|---------------------------|--------------------------------------|
| | |
| Name of Insurance Company | Policy/Certificate Number (required) |