

DIRECTIONS FOR ATHLETICS CLEARANCE PACKETS

1. Students must complete a new Athletics Clearance Packet each school year before they begin sports practice. The completed Athletics Clearance Packet must be submitted to the School Office for approval. When the Athletics Clearance Packet is approved, the blue Emergency Medical Information/Parent Consent Card will be stamped and sent to the coach or given to the student to take to the coach.

2. All the forms in the Athletics Clearance Packet must be completed, including all parent and student signatures and a Preparticipation Physical Evaluation (Sports Physical) signed by a medical doctor. It has been determined by the Shasta Union High School District that **a Sports Physical administered by a chiropractor does not meet the criteria for an athletics physical.**

3. After the initial Athletics Clearance Packet has been submitted for the first sport of the school year, it is thereafter only necessary to complete a limited Athletics Clearance Packet containing a new blue Emergency Medical Information/Parent Consent Card, an Insurance Certification Statement, and a Verification of Eligibility (grade check) and submit them to the School Office for approval prior to beginning practice for each subsequent sport you participate in.

4. Students are required to earn a minimum of a 2.0 grade point average (GPA) during the preceding quarter grading period in order to participate in athletic programs. A student who achieves lower than a 2.0 GPA may apply for academic probation for one grading period (one quarter). The student must pass 20 semester units. If a student who is granted academic probation has not earned a minimum of a 2.0 GPA by the end of the next quarter grading period, he/she will become ineligible for further participation. A student may apply for and be granted only one period (quarter) of Academic Probation during their entire high school career in the Shasta Union High School District.

5. Athletes must purchase an ASB Card to receive athletic awards (Frosh/JV/Varsity letters & sports emblems), or may purchase letters and emblems separately if they do not purchase an ASB card.

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

D191a (W.5)

ACTIVITY _____

GRADE 8 9 10 11 12

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

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

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

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

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

SHASTA HIGH SCHOOL

Athletic Boosters Club Membership Application

Name: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Cell: _____ Email: _____
 Student name(s): _____ Grade level(s): _____
 Sport(s) your student is involved with: _____
 Areas of interest for volunteering: Snack Bar (), Annual Dinner/Auction (), Other _____

Contribution Levels

BENEFITS					
COST	LEVEL	Season Pass Includes all sports, home games only, no tournaments or postseason games included		Name on Wolf Pack Banner in Gym	Dinner Auction Table
\$30	Wolf Supporter	Not included	Not included	Not included	Not included
\$80	Wolf	1 Adult pass included	May purchase additional passes for family members @ \$50 ea.	Not included	Not included
\$160	Wolf Family	A Family Pass = 2 Adults & 2 children (8 th gr. & under) **Parent must be present**	May purchase additional passes for family members @ \$50 ea.	Not included	Not included
\$250	Wolf Pack	A Family Pass = 2 Adults & 2 children (8 th gr. & under) **Parent must be present**	May purchase additional passes for family members @ \$50 ea.	Included	Not included
\$650	Super Wolf Pack	A Family Pass = 2 Adults & 2 children (8 th gr. & under) **Parent must be present**	May purchase additional passes for family members @ \$50 ea.	Included	\$400 table for 8 Included

Wolf Pack and Super Wolf Pack must be received by November 1st to be on the banner

For "Wolf Pack" and "Super Wolf Pack" Members:
 Indicate how you would like name listed on the banner in gym
 and for the Dinner/Auction, in the program and on the table: _____

\$ _____ Total Enclosed for membership Name on Pass (Adult): _____
 \$ _____ Total for _____ additional passes Name on Pass (Adult): _____
 \$ _____ TOTAL ENCLOSED Check # _____



To pay by credit card, pay online at shastasportsboosters.square.site

Home | Shasta Athletic Boosters
shastasportsboosters.square.site

- **THANK YOU!** All membership contributions will be used by the Shasta High School Athletic Boosters Club to support the Shasta High School Athletic Teams.
- Return this form with your check (payable to Shasta High School Athletic Boosters Club) to the Shasta Administration Office or mail to: Shasta High School Athletic Boosters Club, c/o Shasta High School, 2500 Eureka Way, Redding, CA 96001.
- For more information regarding the Shasta High School Athletic Boosters Club activities and membership, please see our webpage at <http://www.shastawolves.com> under Parents/Sports Boosters or call 241-4161.
- **All athletic parents are encouraged to join at some level.**

SHASTA UNION HIGH SCHOOL DISTRICT
Athletics Health Screening Examination Record

Student Name _____ Date of Birth _____ Telephone # _____
 Age: _____ Gender: _____ Height: _____ Weight: _____

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

Pulse Rate: _____ Blood Pressure: _____

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

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

1. _____
2. _____
3. _____

Recommendations:

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

Physician Name (print/type) _____ Phone _____
 Physician Signature _____ Date _____

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

Has your child ever had or does he/she now have any of the following?
 (Please explain any yes answers)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic or recurrent illnesses _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Illnesses lasting more than a week _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospitalizations _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgery, other than tonsillectomy _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Problem with blood pressure or heart _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness, fainting or frequent headaches _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ever been knocked out or had a concussion or lost memory _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck/back injury or surgery, numbness or tingling in arms, hands, legs or feet _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | A stinger, burner or pinched nerve? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Knee, ankle injury or surgery _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other joint sprains or dislocation, pain or swelling _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Broken bones (fractures) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy or seizure disorder _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or shortness of breath _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Illness from exercising in the heat _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous disorder or mental illness _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently taking any medications _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergic to any medications (aspirin, penicillin, etc.) or bee stings _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear eyeglasses or contact lenses _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear dental appliances, orthotics or prosthetic equipment _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Desire to weigh more or less than current weight. Lose weight regularly to meet weight requirements for sports _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Stressed out feeling _____ |

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

Parent/Guardian Permission and Release

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

Parent/Guardian Signature _____ Date _____



Board of Trustees

*Mike Wharton, Jr.
Ron Zufall
Jamie Vericker
Tamy Quigley
Constance Pepple*

Superintendent

Jim Cloney

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM and AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION

HEALTH INSURANCE:

Pursuant to Education Code 32221, the insurance shall provide the following coverage:
At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

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

I have health insurance that meets the requirements under the California Education Code Section 32221.

Athletic Team/Sport: _____

Student's Name: _____

Insured (Subscribers) Name: _____

Insurance Company: _____

Policy/I.D. Number: _____

California Education Code 32221.5: Some students 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 Medi-Cal at 800-541-5555 or Healthy Families Program at 888-599-7056.

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

In the event of an injury or illness to _____ while participating on the athletic team, I do hereby authorize the District, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18): _____ Date: _____

SHASTA UNION HIGH SCHOOL DISTRICT

Competitive Representational Activities Code

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

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

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

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

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

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

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

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

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

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

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

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

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

2.0 DOCUMENTARY ELIGIBILITY (Athletics Only)

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

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

2.3 A physical examination is good for one calendar year.

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

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

3.0 DOCUMENTARY ELIGIBILITY (other than athletics)

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

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

4.0 ABSENCE FROM SCHOOL

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

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

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

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

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

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

5.5 Explanation of Terms

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

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

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

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

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

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

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

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

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

5.6 Action Taken & the Reinstatement Process

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

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

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

5.6.3 Second Offense

1. Notify parent or guardian.

2. The Principal or his/her designee shall notify the Participant of the charges against him/her and provide him/her a chance to be heard on the matter at a meeting with the Principal/designee, the Participant, and his/her guardian/parent.

3. The Participant shall be suspended from participation for the remainder of the Season and for the next Season. Eligibility will be reinstated on the beginning date of the 3rd consecutive season following the 2nd offense (i.e. if the student's second offense occurs during the fall season, he/she will be eligible on February 1 for sports offered in the spring season only). The Participant will be re-tested before beginning the next competitive representational activity for which he/she is eligible.

Athletic Seasons:

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

5.6.4 Third Offense

1. Notify parent or guardian.

2. The Principal or his/her designee shall notify the Participant of the charges against him/her and provide him/her a chance to be heard on the matter at a meeting with the Principal/designee, the Participant, and his/her guardian/parent.

3. The Participant shall be ineligible for all Competitive Representational Activities and participation. For reinstatement, the Participant must take a monthly drug test for twelve months (at the Participant's expense) with all negative results (any positive results are considered another offense).

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

6.0 QUITTING A COMPETITIVE REPRESENTATIONAL ACTIVITY

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

7.0 EQUIPMENT

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

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

8.0 TRANSPORTATION

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

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

9.0 INTERPRETATION OF COMPETITIVE REPRESENTATIONAL ACTIVITIES CODE

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

SHASTA UNION HIGH SCHOOL DISTRICT

COMPETITIVE REPRESENTATIONAL ACTIVITIES CODE AGREEMENT

By signing below we acknowledge that we have read the Competitive Representational Activities Code and agree to abide by its terms.

Student Signature Date Parent Signature Date

ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

CONSENT TO PARTICIPATE

Athlete's Name: _____ Sport: _____

Address: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Parent/Guardian Name: _____

Address (if not living with student): _____

In case of emergency, contact: _____ Phone: _____

By its very nature, this Sport, including tryouts, may put students in situations in which serious catastrophic and perhaps fatal accidents may occur. Students and parents 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 the risk of injury. Just as driving an automobile involves the risk of injury; participation in this Sport by students involves some inherent risk. The importance of your awareness of these risks in determining whether or not to allow your child to participate cannot be overstated. There have been accidents in this Sport, resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic participation.

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

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious, injury. Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|-----------------------------|----------------------------|
| 1. Sprains/strains | 7. Loss of eyesight |
| 2. Fractured bones | 8. Communicable diseases |
| 3. Unconsciousness | 9. Internal organ injuries |
| 4. Head and neck injuries | 10. Brain damage |
| 5. Neck and spinal injuries | 11. Death |
| 6. Paralysis | |

By signing this waiver, you acknowledge that you understand and accept such risk and authorize the student named above to participate in this Sport. By choosing to participate, you acknowledge that such risks exist.

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____, to participate in the District sponsored Sport activities of _____.

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in this Sport is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that may be sustained by my child while participating in this Sport.

I understand, acknowledge and agree that the District, its elected or appointed officials, employees, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to the terms.

Parent/Guardian

Date

Student Signature (if age 18 or older)

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM and AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.



SHASTA UNION HIGH SCHOOL DISTRICT

AGREEMENT FOR STUDENT/PARENT REGARDING USE OF STEROIDS

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

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

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

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

Student Name – Please Print

Student Signature

Date

Parent Signature

Date

VOLUNTARY PARTICIPATION LIABILITY WAIVER

IN CONSIDERATION FOR BEING PERMITTED BY THE SHASTA UNION HIGH SCHOOL DISTRICT TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19) DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF MY PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICTS, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. BY SIGNING THIS DOCUMENT I ATTEST MY WILLINGNESS TO CONDUCT A WELLNESS CHECK, INCLUDING A BODY TEMPERATURE CHECK EACH DAY I PARTICIPATE IN THIS ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICTS AND SIGN IT OF MY OWN FREE WILL.

Participant:

Print Name

Signature

Date

IN CONSIDERATION FOR BEING PERMITTED BY THE SHASTA UNION HIGH SCHOOL DISTRICT FOR MY DAUGHTER/SON TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19) DEATH, OR PROPERTY DAMAGE WHICH MY DAUGHTER/SON MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF HIS/HER PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, MY DAUGHTER/SON VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICTS, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT MY DAUGHTER/SON MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. BY SIGNING THIS DOCUMENT I ATTEST MY WILLINGNESS TO CONDUCT A WELLNESS CHECK ON MY DAUGHTER/SON, INCLUDING A BODY TEMPERATURE CHECK, EACH DAY SHE/HE PARTICIPATES IN THIS ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICTS AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian of Participant:

Print Name

Signature

Date

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

TRUSTWORTHINESS

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

RESPECT

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

RESPONSIBILITY

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

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

FAIRNESS

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

CARING

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

CITIZENSHIP

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

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

Student-Athlete Signature

Date

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

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

SHASTA UNION HIGH SCHOOL DISTRICT PARENT'S CODE OF CONDUCT

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

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

ACKNOWLEDGEMENT PARENT CODE OF CONDUCT

(Print Student's Name)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Shasta Union High School District
Concussion Information Sheet

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should 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. And 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/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

Shasta Union High School District

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You 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 |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

What is an AED?



An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

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

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Department
of Education
cde.ca.gov

Eric Paredes Save
A Life Foundation
epsavealife.org

California Interscholastic
Federation (CIF)
cifstate.org

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



Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

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

How common is sudden cardiac arrest in the United States?

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

Who is at risk for sudden cardiac arrest?

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

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

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

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

Recognize the Signs & Risk Factors

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

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

Cardiac Chain of Survival

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

Recognition of Sudden Cardiac Arrest



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

Call 9-1-1



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

Hands-Only CPR



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

Defibrillation



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

Advanced Care



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

Attention!

The students listed below must complete the following CIF form:

1. ALL Incoming Freshman!!!!

- Complete - #'s 1 & 2
- Complete - #3, 4, & 5 if applies
- SIGN - #'s 6 OR #7.
 - If you sign #7, you must include a letter that states what your prior contact or relationship is/was with any coach or person(s) associated with Shasta High School athletics.

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

- Complete, as applicable

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

- Complete as applicable

Northern Section CIF

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

OR

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

PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

Athletic Director's Worksheet

Student Name: _____

Grade: _____

Transfer Based On? Valid Change Limited
 1st Time Freshman Sit Out Period
 Non-Participation Hardship

Has the student ever used an SOP period? _____

What is/was the first day of school in the current school year? _____

What specific date did the student first attend class? _____

Has the student been with your school (attending school and/or practicing; for fall athletes practice may have started before school started) since the beginning of the season? _____

Has there been an official grading period at your school? _____

If there has been an official grading period, what was the student's GPA? _____

If there has not been an official grading period, what was the student's GPA coming out of their last school? _____

If the former school is a non CIF Northern Section school, you will need the following information. Note, this will need to be an administrative contact (Athletic Director or higher).

School Name: _____

Contact Name: _____

Contact Position: _____

Contact Email: _____

School Address: _____

City/State/Zip _____

Attended from (dates): _____ to _____

Additional Notes: (you must be able to account for the student's whereabouts since starting the 9th grade).

