

**Madera Unified School District Athletic Eligibility Form**

**STUDENT EMERGENCY CARD**

**Please Print**

Student Name \_\_\_\_\_ Sport: \_\_\_\_\_ SID# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_  
DOB \_\_\_\_\_ Asthma? Yes or No \_\_\_\_\_ Inhaler? Yes or No \_\_\_\_\_ Inhaler Type \_\_\_\_\_  
Are you allergic to any medications? Please List \_\_\_\_\_  
Presently taking any medication? \_\_\_\_\_  
Contact Lens? Yes or No \_\_\_\_\_

**Person to Contact in Case of Emergency:**

Name of Mother \_\_\_\_\_ Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Name of Father \_\_\_\_\_ Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Additional Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Additional Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

My son/daughter has permission to participate in athletics at \_\_\_\_\_ School and to travel with his/her team (s) for athletic contests. Should it be necessary for my child to have a medical treatment while participating in sports, or on a trip and if the District is unable to contact me, I hereby authorize \_\_\_\_\_ Unified School District personnel to use their judgement in obtaining medical services for my child. **I understand that my child must have medical insurance that provides at least \$1,500.00 accidental injury coverage.**

Parent/Guardian: \_\_\_\_\_ (signature required)

**ACKNOWLEDGEMENT OF KNOWLEDGE OF RULES**

***Athletes and Parents: Please Take the time to read through the information in this packet. After reading the rules, please sign below as an acknowledgement that you have read and understand the policies, rules, and procedures of "Madera Unified School District and agree to abide by them.***

- We understand that giving false information on this application may result in the loss of athletic eligibility.
- We have read and understand the material included regarding the risks of participating on an athletic team, including the Football Helmet warning. We certify that we have read and understand the warning.
- All students must have a physical to participate on an athletic team. CIF Bylaw 308 -Physical examination states: As a condition of membership, schools will require that a student receive an **annual** physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. The physical report will be on a school board approved form that includes health history. The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition. **The Physical cannot expire during the season of sport.**
- We, parent, and athlete, have completed the health history and all information we provided is correct and complete.
- We, Parent and athlete, understand that any athlete even suspected of suffering a concussion or head injury shall be removed from the game or practice immediately and shall not return for the remainder of the day. **If removed for suspected concussion or head injury, the athlete 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. The "scope of practice" for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or a doctor of osteopathy (DO).
- We understand every athlete **must have medical insurance that provides at least \$1,500 accidental injury coverage.**
- We understand and agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician to treat a medical condition. We understand under CIF Bylaw 200.D, there could be penalties for giving false

information. We understand that “**MADERA UNIFIED SCHOOL DISTRICT**” policy on illegal drug use will be enforced for any violation of these rules.

- We have read and agree to the policies stated in my schools’ Parental/Guardian Code of Conduct and the “**MADERA UNIFIED SCHOOL DISTRICT**” Code of Conduct, Board Policy ex2502 (2) regarding the conduct of athletes and the parents/guardians of **MADERA UNIFIED SCHOOL DISTRICT** students participating in co-curricular activities. We agree that these rules are important in helping our students become good citizens with a high sense of moral integrity, participation at **MADERA UNIFIED SCHOOL DISTRICT**. We acknowledge that a student may be disciplined or removed from a team for violation of any of the provisions of the codes or policies for co-curricular participation at **MADERA UNIFIED SCHOOL DISTRICT**. We have read and understand that CIF “Ethics in Sports” Policy Statement, Code of Ethics, and the Violations and Minimum Penalties of this policy. We agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.

Signature of Student \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Student Name \_\_\_\_\_

DOB \_\_\_\_\_

### **ATHLETICS – ASSUMPTION OF RISK OF ALL SPORTS**

**SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETICS PARTICPATION.** By its very nature, competitive athletics may put students in situations in which accidents may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment that may result in accidents. Strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choices to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice or risk; athletic participation by students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in serious permanent physical impairment as a result of athletic competition. Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment work or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques. By granting permission for your student to participate in athletic competition, you as a parent or guardian, acknowledgement that such a risk exists. By choosing to participate in athletic competitions, you, the student, acknowledge that such a risk exists.

**FOOTBALL PLAYERS: No helmet can prevent all head or neck injuries a player may receive while participating in football. DO NOT USE YOUR HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.** If any of the foregoing is not completely understood, please contact the Athletic Director at your High School for further information.

We have read and understand the material include in the “Assumption of Risk”, including the football warning. I certify that I have read and understand the warning.

Signature of Student \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

We have read and understand the parent/Athlete Concussion Information Sheet

Signature of Student \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

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### **MEDICAL INSURANCE AND REPRESENTATION OF PHYSICAL CONDITIONS**

All student athletes must have medical/health insurance. Private insurance and Medi-Cal are acceptable. The California Education Code requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expense resulting from accident bodily injuries. I understand that the school district does not provide medical insurance for student-athlete injuries but does make voluntary student insurance available at an additional cost through a third-party provider. It is the responsibility of the parent to notify the school in the event insurance coverage changes or no longer applies to the student athlete.

Warrant that the student-athlete is in good health and has no physical condition that would prevent the student-athlete from participating in the event or activity and agree to carry personal medical insurance coverage for student -athlete

I understand that my child must have medical insurance that provides at \$1,500 accidental injury coverage. I, the parent, have completed the health history of my student athlete. I understand CIF By-law #306 requires an annual physical for participation in athletics and that the physical WILL NOT expire during the season of sport that the athlete is participating in.

**CONSENT FOR MEDICAL TREATMENT**

As the parent or guardian of the student athlete, I hereby give my consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb, or well-being of the student athlete.

**Signature of Parent or Guardian** \_\_\_\_\_

**MEDICAL INSURANCE**

I have medical insurance that provides coverages of at \$1,500 for accidental injury.

Name of Health Insurance Company \_\_\_\_\_ Name of Insured \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**OR**

**SCHOOL INSURANCE**

I have purchased the following type of coverage through Madera Unified School District

School Time \_\_\_\_\_ Tackle Football (only) \_\_\_\_\_ 24-Hour Coverage \_\_\_\_\_

**ATHLETIC PARTICIPATION WAIVER, RELEASE OF LIABILITY, CONCUSSION CONSENT, AND MEDICAL TREATMENT  
AUTHORIZATION**

Student-Athlete First and Last Name:	
Parent/Guardian First and Last Name:	
Address:	
City:	
Zip:	
Email:	
Gender (Male, Female)	
Date of Birth: (MM/DD/YY)	

**FOR GOOD AND VALUABLE CONSIDERATION, including permission for**

\_\_\_\_\_ to participate in \_\_\_\_\_  
(student-athlete) (event or activity)  
**and related activities, I, the parent/guardian of the student-athlete and on behalf of the student athlete:**

**CONSENT TO PARTICIPATE**

Consent to the student-athlete's participating in the event or activity, and agree that should the student athlete or myself find any facilities and/or equipment to be unsafe, I will immediately advise the person supervising the event, activity, facility, or area;

**ASSUMPTION OF RISK**

Understand and acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still possibility. The student-athlete and I fully understand that participation may involve risk of serious injury or death of the student athlete or others, related to the very nature of the sports activity in which the student athlete is involved, including the activities and actions of other student athletes, conditions of the facilities, conditions of equipment being used, and the area where the event or activity is being conducted. I understand and acknowledge that some of the injuries/illness which may result from participating in this Activity include, but are not limited to, the following:

- Sprains
- Fractured Bones
- Unconsciousness
- Head and/or back injuries
- Paralysis
- Activity related injury/illness
- Loss of eyesight
- Communicable diseases
- Death

In the event of accident or illness, I assume any and all risks of personal injury or death to the student athlete related in any way to the student athlete's participation in the event or activity, including responsibility for any medical bills or other economic expense which may be incurred as a result of such participation;

**AGREEMENT TO INDEMNIFY**

Agree to indemnify and hold harmless the school district and its officers, agents, and employees, including but not limited to coaches, referees, volunteers, and sponsors, from any and all claims, causes of action or suits against them arising in any way from the student athlete's participation in the event or activity, regardless of whether the school district, its officers, agents, or employees, have in any way been negligent or otherwise at fault in connection with such personal injury, property damage or death.

Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with the student-athlete's participation in this event or activity without compensation from the "School District", and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;

**RELEASE OF LIABILITY**

On behalf of the student athlete and his heirs and successors, agree to forever release the \_\_\_\_\_ Unified School District and its officers, employees or agents, from any and all liability to the student athlete and his heirs and successors for personal injury, property damage, or wrongful death, resulting in any way from the student athlete's participation in the event or activity, regardless of how the injury occurs and regardless of any negligence or other fault on the part of the school district, or any of its officers employees or agents, which may contribute in any way to such personal injury, property damage or death, and further agree never to file any claim or suit against the \_\_\_\_\_ Unified School District and its officers, employees or agents as a result of personal injury property damage or death resulting in any way from the student athlete's participation in the event or activity.

**SUSPECTED CONCUSSIONS**

Student-athlete may not return to activity after a suspected head injury or concussion, regardless of how mild it may seem or how quickly symptoms clear, without medical clearance. I will inform the student-athlete's coach if I think the student-athlete has a concussion. If there is any doubt as to whether the student-athlete has suffered a concussion, the student-athlete will sit out and shall seek medical treatment and obtain a medical clearance prior to resuming activities.

**ACKNOWLEDGEMENT RECEIPT OF CONCUSSION FACT 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 body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally functions. Even though most concussions are minor, all concussions are potentially serious and may result in complications, including prolonged brain damage and death if not recognized and managed properly.

**ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AGREEMENT**

THIS DOCUMENT RELIEVES "SCHOOL DISTRICT" AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

I acknowledge that I have carefully read, received, and understand the attached concussion fact sheet for parents and athletes and agree to the assumption of risk, release, and indemnity obligations set forth above. Furthermore, I understand and agree, that I have given up substantial rights by signing this document, and Sign voluntarily.

\_\_\_\_\_  
**Parents' Initials**

\_\_\_\_\_  
**Student-Athlete's Initials**

\_\_\_\_\_  
**Printed Name of Mother/Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Father/Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Student-Athlete**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## ATHLETIC/EXTRA CURRICULAR CODE OF CONDUCT

This Code of Conduct applies to all school-sponsored activities and athletics that are neither part of an academic class. Sponsors/Managers/Coaches shall create a roster of students who are members or participants in an extra-curricular activity and maintain attendance records in order to implement this procedure.

The goal of our extra-curricular program is to provide opportunities for students to pursue interests and develop life skills beyond the classroom. An additional goal of our athletic program is to develop the skills of our athletes as well as the team concept, which will allow them to compete to the best of their ability.

Students must behave in ways which are consistent with good sportsmanship, leadership, and appropriate ethical conduct by the school regarding that student's conduct. Members of ALL extra-curricular programs and athletics will be expected to demonstrate good citizenship and exemplary conduct in the classroom, in the community, and during all facets of the activity.

### CODE OF CONDUCT

A student participating in the athletic or activity program in the Madera Unified School District will be subject to disciplinary action if he or she violates the athletic and Extra-Curricular Code of Conduct. Anonymous reports of Code violations may be investigated by District administration. Students not currently involved in extra-curricular activities at the time of an investigation will have the results of any such investigation entered into the violation record. Should such a student later become involved in the extra-curricular program, additional violations will be treated cumulatively.

Violations will be treated cumulatively, with disciplinary penalties increasing with subsequent violations. The student **shall not**:

- Use a beverage containing alcohol or tobacco in any form
- Use, possess, buy, sell, barter, or distribute any illegal substance or paraphernalia;
- Use, possess, buy, sell, barter, or distribute any object that is or could be considered a weapon or any item that is denominated as a "look alike" weapon.
- Attend a party or other gathering and/or ride in a vehicle where alcoholic beverages and/or controlled substances are being consumed by minors;
- Act in an unsportsmanlike manner;
- Vandalize, steal, or Haze other students;
- Violate the written rules for the activity or sport;
- Behave in a manner which is detrimental to the good of the group or organization;
- Falsify any of the information contained on any permit or permission form required by the activity or sport.

### SCHOLASTIC ELIGIBILITY

All athletes shall be subject to CIF eligibility rules. Extracurricular and co-curricular participants must demonstrate "satisfactory education progress" which includes the following:

1. Maintenance of minimum passing grades, which is defined as at least an overall 2.0 grade point average in all enrolled courses on a 4.0 scale. This is to be determined at the end of each grading period. Incomplete grades count as zeros until made up.
2. Be enrolled in a minimum of 20 semester units.
3. Be passing a minimum of 20 semester units at the midterm and semester grading period.
4. Maintenance of minimum progress toward graduation, defined as having earned an average of at least 25 units per semester. The grading period used when considering progress toward graduation is the semester.

Summer school grades may be combined with second semester grades or may replace the grade for repeated class for the purpose of improving the second semester Grade Point Average, meeting minimum progress toward graduation or earning a minimum 20 units of credit.

Pass/No Pass grades are not calculated in a student's GPA but are counted toward meeting the fulltime enrollment requirement and minimum progress toward graduation requirement.

Probationary period is defined as the time between grading (approximately 4-5 weeks). The probationary period for the beginning of each semester will be extended to six weeks. Students who are not earning a minimum of 20 units at the midterm or semester, or not maintaining minimum progress toward graduation as defined as having earned an average of at least 25 units per semester are not eligible for probation. Students passing 20 units of credit and meeting the minimum progress toward graduation but do not meet the 2.0 GPA requirement may apply for academic probation to participate in extracurricular activities during the next grading period provided they were not on academic probation the previous grading period.

A Student who is on academic probation will:

1. Attend tutoring after school for one hour each day before attending practice (activity).
2. Turn in weekly grade printouts to the Assistant Principal or Principal.
3. Continue to participate in activities at coaches/advisor's discretion provided those activities do not require missing class time from any class the student is not receiving a grade of "C" or better.
4. A student who does not turn in grade printout, does not attend tutoring, or does not use tutoring time appropriately will not be allowed to attend practice. A student who attends practice without approval will not be allowed to participate in the next event.
5. A student who has been granted probation and leaves the team before any official practices are held, will have the probation voided and it will not be counted as one of the probations.
6. The students will become eligible to compete in competitions at the next grading period provided they are meeting the CIF eligibility requirements.
7. The coach or advisor reserves the right to dismiss a student not meeting the requirements of academic probation.

It is the responsibility of the extracurricular and co-curricular coaches and advisors to certify scholastic eligibility for the participants in their activities. Students new to the district in need of academic probation will be evaluated on a case by case basis and will be required to meet all CIF regulations.

Extracurricular, co-curricular, participants who miss class to participate in extracurricular activities are required to turn in homework and pick up the missed day or days' homework before they leave for their event. All homework will be turned in on its due date even when the participant leaves early. When a student will be gone multiple days in a row, all homework assigned will be due on the student's first day back or on regular due date. Any work not turned in as stated above will not be accepted. Coaches may request a modification of this requirement prior to the event for extenuating circumstances.

If a participant's absence causes them to miss a test, project, classwork, or any assignment assigned by the teacher, it will be made up at the next available time determined by the teacher. Tests, Projects, and/or classwork not made up at the next available time determined by the teacher will be counted as a "0" in the grade book. If a student misses school during the week for any reason other than their extracurricular event and upon returning to school will miss more class during that week because of the extracurricular event, the administrator may deny the participant permission to miss another class period due to the event.

**DUE PROCESS PROCEDURES**

Students who are accused of violating the District Code of Conduct for Extra-Curricular Activities are entitled to the following due process:

1. The student should be advised of the disciplinary infraction with which he or she is being charged.
2. The student, along with his/her parents, shall be entitled to a hearing before the appropriate administrator or administrative panel leveling the charges against him or her.
3. The student will be able to respond to any charges leveled by the administrator, coach, administrative panel against him or her.
4. The student may provide any additional information he or she wishes for the administrator or administrative panel to consider.
5. The administrator or the administrative panel may interview material witness or other with evidence concerning the case. If the administrator finds, after reviewing the evidence, that the violation occurred, he/she will impose sanctions on the student.
6. Sanctions for Violations Other Than Drug and Alcohol will be based on the nature of the offense, and the number of previous offenses, and may include suspension from all activities or sports to be determined by the principal or designee:
  - For a specified period of time or percentage of events, competitions, or practices;
  - For the remainder of the season or for the next season;
  - For the entire calendar year;
  - For the remainder of the student's high school career.
7. Sanctions for alcohol and other drug violations will be based on the severity of the offense and the determination of the relevant administrator.

*I have read, and I understand the Athletic/Extra-Curricular Code of Conduct, Scholastic Eligibility, Due Process Procedures, and Sanctions for Violations Other Drugs and Alcohol. I agree to abide by the policy and related consequences while participating in athletic or extra-curricular activities.*

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**



## ETHICS IN SPORTS

**California Interscholastic Federation – Central Section**  
**Jim Crichlow – Central Section Commissioner**  
**P.O. Box 1567, Porterville, CA 93258**  
**Phone (559) 781 - 7033**

### POLICY STATEMENT

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled, and orderly for all athletes and fans alike.

It is the intent of the CIF that violence in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations, which set forth the manner of enforcement and of this policy and the penalties incurred when violations of the policy occur. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by the CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern behavior.

### CODE OF ETHICS

To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.

To eliminate all possibilities which tend to destroy the best values of the game.

To stress the values derived from playing the game fairly.

To show cordial courtesy to visiting teams and officials.

To Establish a happy relationship between visitors and hosts.

To respect the integrity and judgement of sports officials.

To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.

To encourage leadership, use of initiative and good judgment by the players on a team.

To recognize that the purpose of athletics is to promote the physical, mental, moral, social, and emotional well-being of the individual players.

To remember that an athletic contest is only a game, not a matter of life and death for a player, coach, school, official, fan, or nation.

I have read, and I understand the Policy Statement, the Code of Ethics, and the violations and minimum penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site, or jurisdiction.

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

## **VIOLATIONS AND MINIMUM PENALTIES**

<b>ACT</b>	<b>PENALTIES</b>
1. First ejection of player or coach from a contest or SCRIMMAGE for unsportsmanlike conduct.	Ineligible for the next CIF contest (league, non-league, tournament, invitational, playoff, etc. scrimmage excluded). The next contest could be the second game of a doubleheader or even the next season of sport. Athletes competing in concurrent sports would be ineligible for both sports.
2. Second ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.	Ineligibility for next two CIF contests as above will carry over the next season of sport.
3. Third ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct	Ineligibility for all CIF contests for one calendar year (365 days). Any appeal must go through the CIF Eligibility Committee.
4. Any players that leave the "bench" area to begin a confrontation or leave these areas during an altercation.	Ejection from the contest for those players designated by officials. The contest may be terminated by the officials. One or both teams may forfeit the contest.
5. When players leave the bench area to begin a confrontation or leave the bench area during an altercation and in the opinion of the officials, the situation is out of control.	Contest stopped, ejection from the contest for those players designated by the officials. The team(s) that left the bench area must forfeit contest, record a loss, and the team(s) and players will be put on probationary status for the balance of the season. A second similar infraction during the season of sport will result in cessation of the sport for the team(s) and/or players. If the act occurs at the end of the season, the probationary period will extend to the next year's season of sport. Any appeal would have to be made to the CIF Executive Board.
6. Illegal participation in next contest by player ejected in previous contest.	Ineligibility for remainder of season for player. Forfeiture of contest.
7. Illegal placement of ejected player or illegal participation by coach ejected in previous contest.	Constitution and sport governing rules and procedures for a coach who knowingly violates CIF or Section Rules.
8. Any acts of a more serious nature by individuals or teams or situations not specifically covered by this policy or the Constitution or Governing Rules.	Area Commissioner may determine and implement penalties for individuals and teams not otherwise specified by CIF Central Section Constitution and Bylaws.
9. If act occurs in CIF Section Finals and both teams are charged with a forfeit.	After deliberation by the CIF and a double forfeit is in order, there will be no champion.
10. An ejected coach must leave the site of the contest. The coach may have no contact with his/her team from that point on. If there is no certificated replacement for the coach, the contest is halted, and the game is forfeited. The coach must also sit out the next contest and cannot attend the contest or have any contact with the team during the contest. The coach may be allowed to participate in practices on days other than the day of the contest.	
11. An ejected player may stay on the bench for the remainder of the contest for supervision reasons. Further disruption by ejected players may force them to be removed from the site. This could lead to a forfeit. Players ejected must sit out the next contest but may sit on the bench in street clothes.	

### **APPEALS PROCEDURE – First and Second Ejection**

All appeals **MUST** come from the school Principal or his/her designee. Only misidentification and misapplication of a rule may be appealed. **NO JUDGMENT DECISIONS** by officials may be appealed.

### **PHYSICAL ASSAULT**

CIF State Constitution, Article 5, Section 522. Any student who physically assaults the person of a game or event official shall be banned from interscholastic athletics for the remainder of the student's eligibility. A game or event official is defined as a referee, umpire or any other official assigned to interpret or enforce rules competition at an event. A student may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

For this document, the Central Section also includes coaches, administrators or other school personnel assigned to the contest or games as a game official

## TRANSPORTATION RULES AND PROCEDURES

### BUS RULES AND PROCEDURES

Standard bus rules and regulations are in effect for all athletic contests. Failure to follow drivers or coaches' instructions may lead to both school disciplinary action as well as athletic disciplinary actions. The driver is the number one authority on the bus. A coach will supervise all bus trips. Athletes are to obey the driver and coach(es) at all times.

### ATHLETES MUST OBSERVE THE FOLLOWING:

1. Complete silence at train crossing per state law.
2. Remain seated and facing front at all times.
3. Keep all aisles clear and unobstructed at all times.
4. Behave in an appropriate manner as determined by the driver and coach(es).
5. Refrain from loud and unnecessary noise that would divert the attention of the driver.
6. No food or beverages open on the bus unless specifically given permission by the driver.
7. Athletes are responsible for making sure there is no litter on the bus as they depart.
8. No inappropriate language or gestures as determined by the driver and coach (es).
9. No Interaction with persons outside the bus such as other individuals from opposing schools or bystanders.

Athletes will usually have time to eat lunch before departing for an away contest, however, when an early departure is necessary, it will be up to the driver as to when and how food may be consumed on the bus. This includes snack items such as candy, chips, etc. as well. Because of the length of some contests and the distance traveled, there may be a dinner stop included in travel to or from the contest. Students may bring food from home or purchase food at the dinner stop. Students will be advised by the coach in advance whether there will be a dinner stop included.

### PERMISSION FOR TRANSPORTATION FROM GAMES TO HOME BY PARENT

**Madera Unified School District** will provide transportation home from all contests. However, a student may be released to their parent for transportation home under the following procedures, at a minimum of 3 days prior to the sporting event:

1. The Parent must be cleared through the personal department.
2. The Parent must have a current and valid CA Driver's License.
3. The Parent must provide the school site with a current H-6 print out from the DMV and/or be enrolled in the district's pull notice program.
4. The Parent must complete and submit the "Assumption of Risk – (Student Version) Parental Consent to Release" to the appropriate site
5. The Parent must provide proof of insurance (declaration page) meeting the districts requirements.
  - a. **Districts Insurance Requirements:** Liability Limits of at least \$100,000/\$300,000 per accident bodily injury, and \$5,000 property damage coverage.

*\*\*If transportation is being provided by the district, parents may only have the option to use personal transportation of their student to the activity if approved by the Superintendent or his/her designee.\*\**

### PERMISSION TO RELEASE STUDENT TO ADULT OTHER THAN PARENT

**Madera Unified School District** may approve transportation of students by private transportation. The following items must be completed to have volunteers considered for transporting students in their personal vehicle, at a minimum of 3 days prior to the sporting event:

1. The "Parent (s) of the other children" must complete and submit the Volunteer Field Trip Form to the appropriate site.
2. The Volunteer must complete and submit the "Assumption of Risk – (Adult Version) Adult Release"
3. The Volunteer must be cleared through the Personnel Department.
4. The Volunteer must provide a current and valid CA Driver's License.
5. The Volunteer must provide the school site with a current H6 print out from the DMV and/or be enrolled in the district's pull notice program.
6. The Volunteer must be 21 years of age or older.
7. The Volunteer must provide proof of insurance (declaration page) meeting the district requirements.

- a. **Districts Insurance requirements:** Liability limits of at least \$100,000/\$300,000 per accident bodily injury, and \$5,000 property damage coverage.

**DMV H6 PRINTOUT AND PULL PROGRAM**

**A H6 printout can be obtained through the California Department of Motor Vehicles for a \$5.00 fee.** This document will provide your driving history for the last ten years. This document must be approved by the Transportation Department in order to transport students. This document is good for 30 days from the issued date.

If a volunteer plans to transport students in a private vehicle throughout the school year, the volunteer can provide updated H6 printouts every 30 days OR enroll in the district's pull notice program.

**TO ENROLL IN THE DISTRICT'S PULL PROGRAM THE PARENT/VOLUNTEER MUST:**

- Have a current approved H6 printout on file with the Transportation Department
- Complete and submit the Authorization For Release of Driver Record Information

*Once a volunteer is enrolled in the pull notice program the district will be notified of any activity on that volunteer's driving record. The right to transport students may be revoked if the updated information causes the volunteer to no longer meet the district's requirements.*

## MADERA UNIFIED SCHOOL DISTRICT DECLARATION OF PARENTS/VOLUNTEERS WHO USE THEIR OWN VEHICLES FOR DISTRICT RELATED-FUNCTIONS

1. I am at least 21 years of age and hold a current valid California driver's license, the number of which is \_\_\_\_\_ and expires on \_\_\_\_\_.
2. The vehicle described below is insured by \_\_\_\_\_ with minimum auto liability insurance limits of: Bodily Injury \$100,000/\$300,000, Property Damage \$5,000 per accident. I understand that my insurance will be primary coverage should the need arise as a result of my transporting the students. Madera Unified School District may confirm by telephone or written communication the above coverage with insurance agent whose name, address, and phone number are listed below:

\_\_\_\_\_  
Name of Insurance Agent

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Address of Insurance Agent (Number & Street, City, Zip Code)

### VEHICLE INFORMATION

_____ Year	_____ Make	_____ Type of Vehicle	_____ Passenger Capacity	_____ License Plate Number
---------------	---------------	--------------------------	-----------------------------	-------------------------------

3. I have attached to this form a current printout of my driving record from the Department of Motor Vehicles, a copy of my automobile liability insurance policy which is in force at the present time, and a copy of my driver's license.
4. There will be no financial charge by me to the District for my transporting of pupils.
5. I understand and agree that I will respond to any request from \_\_\_\_\_ School District for DMV or insurance information within five (5) days of the request.
6. I agree that I will notify \_\_\_\_\_ School District of any change in the ownership status of my vehicles or insurance information relating to my automobile within three (3) days of the change.
7. My vehicle is properly equipped with seat belts, and I agree to enforce all seal belt laws at all times.
8. My vehicle is equipped to transport \_\_\_\_\_ passengers, excluding the driver. I agree that I will not transport more than the legally permissible number of passengers deemed appropriate for my vehicle.
9. I agree that I will not serve as a driver of my own vehicle on District business if my automobile liability insurance policy limits are lower than those authorized above or if my driver's license is expired, revoked, or suspended for any reason, or I am under 21 years of age.
  - A. By signing this Contract I do hereby indemnify and hold harmless the \_\_\_\_\_ School District and its employees, agents and board members from any liability for any personal injury, death, property damage or other loss sustained by any person while being transported by me to and/or from any district-related function. I further represent to the school district that the information I have furnished above is true to the best of my knowledge.

# MADERA UNIFIED SCHOOL DISTRICT VOLUNTARY FIELD TRIP AUTHORIZATION AND RELEASE OF LIABILITY

FIELD TRIP AUTHORIZATION AND AGREEMENT OF PARENT NOT TO SUE SCHOOL DISTRICT OR ITS EMPLOYEES. THIS MUST BE SIGNED BY THE STUDENT'S PARENT PRIOR TO LEAVING FOR THE EVENT.

By my signature below, I, as parent of the named student, agree that I will not sue the Madera Unified School District or any of its employees or agents, for property damage, personal injury, death, or any other claim arising in any way out of my child/ward participating in the event, class or activity described below. This release was created pursuant to CA Ed Code §35330(d). I understand that my child or ward is not required to participate in the event described and that this Agreement not to sue is made in consideration of the School District allowing my child/ward to participate in this event. Understanding this, I am signing this Agreement freely and voluntarily.

*I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM WAIVING RIGHTS WHICH I MIGHT OTHERWISE HAVE.*

I hereby give my child \_\_\_\_\_ permission to attend the following event: \_\_\_\_\_. The group will travel by \_\_\_\_\_, leaving the \_\_\_\_\_ School District at \_\_\_\_\_ am/pm, on \_\_\_\_\_, 20\_\_\_\_, and returning at \_\_\_\_\_ am/pm, on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent/Guardian) Date: \_\_\_\_\_

***Students are required to travel to and from this event with the group, unless prior arrangements are authorized below. No deviations from these arrangements will be permitted.***

I hereby authorize \_\_\_\_\_ to transport my child \_\_\_\_\_ to and/or from the above described event in their private vehicle.

\_\_\_\_\_  
Authorized Signature

**My child has the following medical condition(s) which may require special attention:**

Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Other \_\_\_\_\_ (explain): \_\_\_\_\_

**My Child Will need medication while on this trip \***

Yes \_\_\_\_\_ No \_\_\_\_\_

\*IF YES, the authorization must be on file with the school nurse.

**AUTHORIZATION TO TREAT A MINOR:** In case of emergency, I consent to have my child treated at an emergency room or hospital. It is understood that an effort shall be made to contact the undersigned prior to the rendering of any treatment, but that treatment will not be withheld if the parent and/or guardian cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Emergency Phone Contact & Number: \_\_\_\_\_

**ADULT RELEASE AND WAIVER OF LIABILITY AND  
ASSUMPTION OF RISK AGREEMENT**

**FOR GOOD AND VALUABLE CONSIDERATION**, including permission to participate in \_\_\_\_\_ and related activities, I, for myself, my successor, heirs, assigns, executors, and administrators:

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility, or area.
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death and damage to my property, caused by or arising from my participation in the event or activity.
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against the **MADERA UNIFIED SCHOOL DISTRICT**, and their officers, employees and agents attributable to the my participation in the event or activity.
5. Release, waive, discharge and relinquish the **MADERA UNIFIED SCHOOL DISTRICT**, officers, employees, and agents from any liability, loss damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise.
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from the **MADERA UNIFIED SCHOOL DISTRICT**, and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that I am in good health and have no physical condition that would prevent me from participation in the event or activity;

THIS DOCUMENT RELIEVES "**MADERA UNIFIED SCHOOL DISTRICT**" AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Printed Name

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR MINOR CHILD

**FOR GOOD AND VALUABLE CONSIDERATION**, including permission for \_\_\_\_\_, (the "minor" ) to participate in \_\_\_\_\_ and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minors' participating in the event or activity, and agree that should the minor or myself find any facilities and/or equipment to be unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Acknowledge that the minor and I fully understand that participation may involve risk of serious injury or death, including economic losses which may result not only from the minor's own actions, inactions, or negligence, but also from the actions, inactions of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Assume any and all risks of personal injuries to the minor, including medical or hospital bills, permanent or partial disability, death and damage to property, caused by or arising from the minors' participation in the event or activity.
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against the **"MADERA UNIFIED SCHOOL DISTRICT"**, and their officers, employees and agents attributable to the minors' participation in the event or activity.
5. Release, waive, discharge and relinquish the **"MADERA UNIFIED SCHOOL DISTRICT"**, officers, employees, and agents from any liability, loss damage, claim, demand or cause of action against them arising from or attributable to the minors' participation in the event or activity, whether same shall arise by their negligence or otherwise.
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with the minors' participation in this event or activity without compensation from the **"MADERA UNIFIED SCHOOL DISTRICT"**, and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;

THIS DOCUMENT RELIEVES **"MADERA UNIFIED SCHOOL DISTRICT"** AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Printed Name

Signature

Date

\_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Minor Child)

\_\_\_\_\_



# CONCUSSION

## A Fact Sheet for Coaches

### WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
  - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

### CIF Bylaw 313 – Play It Safer

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 for the remainder of the day. A student-athlete who has been removed from play 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 receives written clearance to return to play from that health care provider.

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- "Don't feel right."
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

### WHAT CAN HAPPEN IF I KEEP PLAYING A STUDENT WITH A CONCUSSION OR RETURNS TOO SOON?

Athletes with the signs and symptoms of concussion should be removed from play immediately (CIF Bylaw 313). 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. It is your duty as a coach to place the health and safety of your student-athletes ahead of winning.

### WHAT A COACH SHOULD DO IF YOU THINK YOUR PLAYER HAS SUFFERED A CONCUSSION

Any athlete even suspected of suffering a concussion **must** 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 written medical clearance. The new "CIF Bylaw 313" now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student-athletes. A coach's job is to ensure everyone follows these guidelines.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.  
WHEN IN DOUBT, GET CHECKED OUT.**



For more information and resources, visit [www.cifstate.org/health\\_safety/](http://www.cifstate.org/health_safety/) & [www.cdc.gov/concussion](http://www.cdc.gov/concussion)



# CONCUSSION

## A Fact Sheet for Student-Athletes

### WHAT IS A CONCUSSION?

#### A concussion is a brain injury that:

- Is caused by a blow to the head or body.
  - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

### HOW CAN I PREVENT A CONCUSSION?

#### Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

**DON'T HIDE IT.** Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

**REPORT IT. TELL YOUR COACH – TELL YOUR PARENTS!** Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

**GET CHECKED OUT.** Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

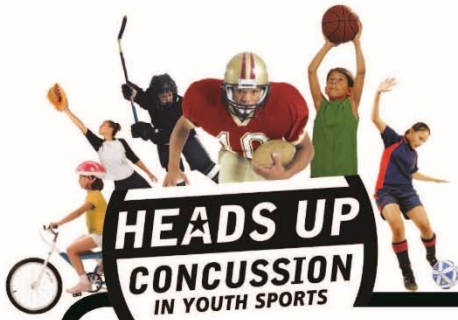
**TAKE TIME TO RECOVER.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.  
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit [www.cifstate.org/health\\_safety/](http://www.cifstate.org/health_safety/) & [www.cdc.gov/concussion/](http://www.cdc.gov/concussion/)





## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

#### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

#### 1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

#### 2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

#### 3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It’s better to miss one game than the whole season.***

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



## ATENCIÓN CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

## Hoja Informativa para los PADRES

### ¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

### ¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

#### Signos que notan los padres y los tutores

*Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:*

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

#### Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

### ¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

### ¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

***Es preferible perderse un juego que toda la temporada.***

Para obtener más información, visite [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports).

# Keep Their Heart in the Game

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

### What is sudden cardiac arrest?

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

### How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

### Who is at risk for sudden cardiac arrest?

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

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

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

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

### What is an AED?

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



## The Cardiac Chain of Survival

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

### Early Recognition of Sudden Cardiac Arrest



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

### Early Access to 9-1-1



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

### Early CPR



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

### Early Defibrillation



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

### Early Advanced Care



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

# Keep Their Heart in the Game

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

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

### Potential Indicators That SCA May Occur

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

### Factors That Increase the Risk of SCA

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

### What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

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

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

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

National Federation of High Schools  
(20-minute training video)  
<https://nfhslearn.com/courses/61032>



# USD SPORTS PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every sports participant with parent/guardian & athlete signatures

Student's Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Student ID # \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "YES" answers below. Circle questions you do not know the answers to.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YES                      | NO                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Do you have any major health conditions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you cough, wheeze or have trouble breathing during or after activity? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2. Have you had a medical illness or injury since your last check up or sports physical?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | a. Do you have asthma or use an inhaler? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3. Have you ever been hospitalized overnight?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | b. Do you carry your inhaler while you are playing sports? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4. Have you ever had surgery?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you have Diabetes <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/><br>If so, do you take insulin? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills?<br>a. Have you ever taken any supplements, steroids, or vitamins, protein, creatine to help you gain or lose weight or improve your performance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                              |
| 6. Do you have any allergies (for example: medication, food, stinging insects or pollen)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever had a sprain, strain or swelling after injury, or any other problem with pain or swelling in muscles, tendons, bones or joints? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7. Have you ever passed out during or after exercise?<br>a. Have you ever been dizzy during or after exercise?<br>b. Have you ever had chest pain during or after exercise?<br>c. Do you get tired more quickly than your friends do during exercise?<br>d. Have you ever had racing of your heart or skipped heartbeats?<br>e. Have you had high blood pressure or high cholesterol?<br>f. Have you ever been told you have a heart murmur?<br>g. Has any family member or relative died of heart problems or of sudden death before age 50?<br>h. Have you had a severe viral infection (for example: infection in the heart or mononucleosis) within the last six months?<br>i. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, check appropriate box, indicate R for right and L for left, and explain below:<br><br>Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/><br>Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/><br>Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/><br>Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin <input type="checkbox"/><br>Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Calf <input type="checkbox"/><br>Arm <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> |
| 8. Do you have any current skin problems (for example: itching, rashes, acne, warts, fungus or blisters)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you had any problems with your eyes or vision, wear glasses, contact lenses or protective eyewear? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 9. Have you ever had a head injury or concussion?<br>a. Have you ever been knocked out, become unconscious or lost your memory?<br>b. Have you ever had a seizure?<br>c. Do you have frequent or severe headaches?<br>d. Have you ever had numbness or tingling in your arms, hands, legs or feet?<br>e. Have you ever had a stinger, burner or pinched nerve?                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | 16. <b>For females</b> , age at first period _____<br>Are periods regular? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 10. Have you ever become ill from exercising in the heat?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | 17. When was your last tetanus shot?<br>Tdap (date) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          | 18. Explain "YES" answers here: _____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

**I hereby state that to the best of my knowledge, my answers to all the above questions are correct and complete and I take full responsibility for any incorrect answers**

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# USD SPORTS PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every sports participant with parent & athlete signature

Student's Name \_\_\_\_\_ Sex M or F Date of Birth \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_ / \_\_\_\_ Hgb: \_\_\_\_\_

Vision: Grossly Intact \_\_\_\_\_ Corrected: Y or N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

Physical Screening	Normal Findings	X	Abnormal Findings	No Exam
Appearance	WDWN			
Eyes/Ears/Nose/Throat	WNL			
Lymph Nodes	WNL			
Hearing	Grossly Intact			
Heart	RRR, No Significant Murmur			
Pulses	WNL			
Lungs	Clear/equal			
Abdomen	Soft, No HSMT			
Skin	Warm/Dry/Intact			
Neck	FROM			
Back	No Scoliosis			
Shoulder/Arm/Elbow	FROM, = strength			
Forearm/Wrist/Hand	FROM, = grip/strength			
Hip/Thigh/Knee	FROM			
Leg/Ankle/Foot	FROM			
Hernia/Squat/Duck Walk	WNL			
Immunizations given				

## CLEARANCE

- Cleared
- NOT Cleared until completed evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Health Care Provider (print/type/stamp): \_\_\_\_\_ Date of exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date of signature: \_\_\_\_\_

This form was developed based upon guidelines from the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Academy of Sports Medicine, 2009.