

Permission for Treatment

I hereby grant permission to the team physicians and those professional personnel designated by SMUSD to treat my child in the event of an injury. In the event of a serious injury, if I am unable to give my consent at the time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first-aid.

Parent/Guardian signature Hm phone Wk phone Cell

Proof of Insurance

Insurance: Choose either one or both forms of insurance.

1. In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervised school transportation.

Parent/Guardian signature Insurance Carrier Policy number

2. I want to purchase school insurance ___yes___no Date: _____
To purchase insurance go to the school website, athletics and follow the insurance link.

Athletic/Extra Curricular Pledge Statement

As a condition of participation in extra curricular activity by

_____ (student's name), we acknowledge that we have read, understand and agree to the Athletic/Extra Curricular Pledge, the CIF policy, the Ethics statement, and the Awareness of Risk statement. We realize the importance of our sportsmanship and positive behavior as fans and role models.

Student signature Print name Date

Parent/Guardian signature Print name Date

CIF Codes, Violations, Penalties, and Appeals

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

Student signature Print name Date

Parent/Guardian signature Print name Date

Parent and student signatures required throughout package, including the back page.

Student Name: _____
(Please Print)

Student ID #: _____ Gender: _____

Graduation Year (Circle One): 2020 2021 2022 2023

Transfer Student: YES / NO

San Marcos High School



*Athletic Department
Clearance Package
2019-2020*

Parent and student signatures required throughout package, and the back page.

Medical History Questionnaire

1. Have you ever been hospitalized overnight? Yes No
 Have you ever had surgery? Yes No
2. Are you currently taking medication? Yes No
3. Do you have any allergies (medicines, pollen, bees)? Yes No
 List allergies: _____
4. Have you ever passed out during exercise? (Not from heat) Yes No
 Have you ever been dizzy during exercise? (Not from heat) Yes No
 Have you ever had chest pain? Yes No
 Do you tire more quickly than your friends during exercise? Yes No
 Have you ever had high blood pressure? Yes No
 Have you ever been told you have a heart murmur? Yes No
 Have you ever had racing of your heart or skipped beats? Yes No
 Has anyone in your family died of heart problems or a sudden death before the age of 40? Yes No
 Does anyone in your family have Marfan's Syndrome? Yes No
5. Do you have any skin problems (itching, rashes, breaking out)? Yes No
6. Have you ever had a head injury? Yes No
 Have you ever been knocked out? Yes No
 Have you ever had a seizure? Yes No
 Have you ever had pain from neck into arm? Yes No
7. Have you ever had heat cramps? Yes No
 Have you ever been dizzy or passed out in the heat? Yes No
8. Do you use special pads or braces? Yes No
9. Have you ever injured (broken/fractured, sprained, or dislocated):
 ___hand/fingers ___shoulder ___hip ___shin/calf ___wrist/forearm
 ___neck ___thigh ___elbow ___chest/ribs ___knee
 ___ankle ___upper arm ___back ___stress fracture
10. Have you ever had?
 ___mononucleosis ___diabetes ___measles ___hernia
 ___sickle cell trait/disease ___headaches-frequent ___ulcers ___hepatitis
 ___asthma ___eye/ear injuries ___tuberculosis
11. When was your last tetanus shot? _____
12. About your weight; do you think you are:
 ___just right ___too heavy/fat ___too light/thin
13. Do you like to drink dairy (milk) products? Yes No
14. For Females:
 When your 1st was period and how old were you? _____
 When was your last period? _____
15. Please feel free to ask the doctor to address any questions/concerns that you have

Explain all "Yes" responses: _____

Residential Eligibility

Name _____

Address _____

Phone: Home () _____ Work/Cell () _____

Date of Birth _____ Age _____

1. Is this the same residence you had last year? Yes ___ No ___
2. Where did you **start** high school? _____
3. Who were you living with when you started high school or your last school of attendance?

4. If you have moved, did you move with the same people, caregivers, legal guardians, or family members to you current address? Yes ___ No ___
5. Have you ever lived with anyone else? Yes ___ No ___
6. Is your residence within SMUSD boundaries? Yes ___ No ___
7. Did any coach influence you to come to this school? Yes ___ No ___
8. What sports and at what level did you play at your last school?

9. Were you required to leave your former school? Yes ___ No ___

 Student signature

 Date

 Parent/Guardian signature

 Date

Athletic Screening History & Physical Examination

Explanation of Screening Physical

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son/daughter's dynamic ability to participate in a given sport so that obvious condition which might be damaged or aggravated by competitive sports can be found, evaluated and treated so as to prevent further injury.

Awareness of Risk

Student and Parent: I am aware that playing/practicing sports can be a dangerous activity involving many risks of injury. I understand that the risks of participation include, but are not limited to, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the risks of participation may result not only in serious injury, or death but in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. I understand the importance of Shared responsibility for sport safety and agree to obey all coaching instructions

****Effective May 4, 2011, screenings may only be performed by a licensed MD, DO, PAC, and NP. Also, screening must be performed AFTER May 19th, 2019 for 2019-2020 school year participation****



PARENT AUTHORIZATION FOR STUDENT PARTICIPATION IN A ONE-DAY OR SEASONAL ACTIVITY

I, the undersigned, authorize my son/daughter _____

To participate in extra-curricular activities for San Marcos High School for the 2019-2020 school year.

I understand that California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. According; I hereby waive all claims which I/we might have against the school district or the State of California, their officers agents and employees for injury, accident, illness, or death occurring during or by reason of the above described activity.

_____ Date _____ (Signature of parent or guardian)

Parent/Student Authorization for Use of Private Vehicles for Student Transportation

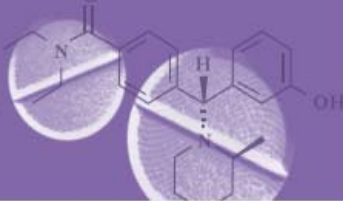
I/We understand that participation in the above-listed field trip or school activity will on occasion require transportation by bus or private vehicle. These vehicles may be driven by bus drivers, staff members, parents or students themselves. I certify that when bussing to the activity is not made available, I will be responsible for transporting my daughter/son to the designated activity site. I accept the fact that my child may be released from school prior to the standard release time in order to be transported to the activity on a timely basis.

When transportation is not provided, I take full responsibility for arranging transportation of my son/daughter to and from the designated activity site. This may include arrangements with other adult drivers, my son/daughter driving themselves and driving with other licensed minors, as allowed by law (students). I understand and accept that school administration will not be responsible for supervising transportation once my child is released from school. I waive all claims against the District and State of California for any injury accident, illness or death occurring during or be reason of the transportation arrangement that I have made to and from the school activity. I certify that my daughter/son will be transported by a licensed driver, with State of California required insurance coverage, and in a safe and legal manner.

_____ Print student's name _____ Date

_____ Parent/Guardian Signature _____ Type or print name

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*
receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



CS-2014-010C May 9, 2016

Concussion Information Sheet (continued)

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.

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: _____

Ethics in Sports

III. Violations, Minimum Penalties, and Appeal Process

1. Behavior resulting in ejection of athlete or coach from contest:

EJECTION POLICY:

Any coach, team attendant, or spectator ejected by a contest official from any contest for any reason, at any level, is suspended indefinitely from participation, practice, or attending (site and sound) any sports contest, until the first of the following occurs: the ejected person serves the tentative penalty recommended by the commissioner; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes.

Any player ejected by a contest official from any contest for any reason is suspended from participation in the next contest(s) until the tentative penalty recommended by the commissioner is served; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes.

Players are permitted to practice with the team and attend contests, but not in game uniform, during the period of suspension. (Approved June 3, 2008, Board of Managers).

2. Illegal participation in next contest by athlete ejected from previous contest.

Ineligibility for remainder of season for athlete. A written appeal may be made by the individual or school to the commissioner.

3. Second ejection of athlete or coach from any contest during one season.

Ineligibility of athlete for remainder of season or suspension of coach for remainder of season. A written appeal may be made by the school principal within two school days to the commissioner for reduction of penalty. Official to make report by the next school day to the commissioner.

San Marcos Unified School District

Athletic/Extra Curricular Pledge

Young people have the privilege to play on a school team and participate in extra-curricular activities. Many times this privilege is confused with right and responsibility. When the student disregards his or her responsibility to the school and to the community which he is privileged to represent, and when the rules set up to protect the collective rights of the group are violated, this privilege may be taken away. All students representing SMUSD in athletics shall adhere to the following code of standards at all times on campus, in route to, during, and from athletic functions.

Code of Standards

1. Each team is an individual situation and could have its own standards that are **more restrictive than district or school policy**. Violating team policy will result in disciplinary action and possible removal at the discretion of the coach and the school administration.
2. If a student is suspended from school; he/she is suspended from all group activities until reinstated to classes.
3. Students shall not:
 - a) Smoke or be in possession of tobacco (including chewing tobacco) (Ed. Code 48900, 48901)
 - b) Drink or be in the possession of alcoholic beverages (Ed. Code 48900, HS Code 11-53)
 - c) Use or be in the possession of a controlled substance (Ed. Code 48900, HS Code 11053)
4. Students shall
 - a) Maintain high standards of citizenship and behavior.
 - b) Respect school personnel and property.

Violations of Extra Curricular Policy

- A. Any member of a team apprehended with or under the influence of alcohol or other controlled substances (drugs) will be automatically suspended from school. While suspended from school he or she may not attend any practices or contests. **He or She will also be suspended from any contest for a minimum of two (2) weeks.**
- B. **A second offense will result in a one year suspension from all extra-curricular activities for one calendar year from the date of the second offense, and possible expulsion from the school.**
- C. Reinstatement after a suspension can be attained as follows:
- D. The student must initiate a request for a hearing with the Athletic Review board.
- E. The Athletic Review board shall consist of an Assistant Principal/Athletic Director, and the athlete's coaches and parents.
- F. The review board may or may not grant reinstatement. Final appeal of the decision may be made to the Principal.
- G. Less severe violations will result in an Athletic or Activity Review for disposition. The Athletic Director will conduct this review.
- H. All athletes must maintain an **un-weighted "C"** (GPA of 2.0 on a 4.0 scale) average in order to participate in any extra-curricular activities.
- I. Participation in athletics/extra-curricular activities does involve the potential risk of minor, serious or fatal injury.

Athletic/Extra-Curricular Pledge

- I. I will abide by the training rules at all times because of my desire to realize 100% of my potential and not because of fear of punishment.
- II. I will be neat in appearance.
- III. I will attend all practice sessions, meetings and contest. If for any reason I must miss a practice, meeting, or contest, I will contact my coach or advisor in advance.
- IV. I will be punctual at all meeting and practices, and at school for all classes.
- V. I will put forth 100% effort at all times.
- VI. I realize there is a minimum **two week suspension** and/or removal from my team for off and on campus involvement in drugs, alcohol, tobacco, anabolic steroids or criminal offenses.
- VII. I will use clean language to show respect for my parents, coaches, school and opponents.
- VIII. I will respect my teammates, their abilities, weaknesses and rights. The team will come before the individual.
- IX. I will study hard, complete my assignments and make every effort to earn a better than average academic grade.
- X. I will respect my equipment as if it were my own. I will pay for all issued items which are damaged or not returned. I realize I will not be allowed to participate on any team until previous athletic debts have been paid.
- XI. If I participate on an outside team in a different sport, my first obligation is to my sport at school. I am not allowed to participate in the same sport on an off campus team during the high school season.
- XII. I understand that hazing of any kind is not allowed on campus and in the athletic program. This includes mental, verbal, and physical acts. I further understand that I will report any acts of hazing that I see to a coach or administrator.

CIF California Interscholastic Federation

SDS San Diego Section-Ethics in Sports (Revised 3/09)

POLICY STATEMENT

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

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

- A. Comply with the six pillars and 16 Principles of the Pursuing Victory with Honor program
- B. Be courteous at all times with school officials, opponents, game officials, and spectators.
- C. Exercise self-control.
- D. Know all rules of the contest, CIF State, and the CIFSDS and agree to follow the rules.
- E. Show respect for self, players, officials, coaches, and spectators.
- F. Refrain from the use of foul and/or abusive language at all times.
- G. Respect the integrity and judgment of game officials.
- H. An athletic director, sports coach, school official or employee or booster club/sport group member may not provide any muscle-building nutritional supplements to student-athletes at any time. A school may only accept an advertisement, sponsor, or donation from a supplement manufacturer that offers only non-muscle building nutritional supplements. A school may not accept an advertisement sponsorship or donation from a distributor of a dietary supplement whose name appears on the label. Permissible non-muscle building nutritional supplements are identified according to the following classes: Carbohydrate/electrolyte drinks; energy bars, carbohydrate boosters, and vitamins and minerals. (Revised - Federated Council May 2007.)
- I. **Win with character; lose with dignity.**
Accept consequences of conduct deemed inappropriate or in violation of rules.

Communication Guidelines

Both parenting and coaching are extremely challenging in today's world. By providing these helpful communication guidelines, we believe we can best help our athletes reach their potential and allow them to enjoy their high school sports experience.

- A. Communication parents can expect from the Athlete's coach:
 - Philosophy of the coach
 - Expectations of athlete and team
 - Location and times of all practices and games
 - CIF, District, school and team rules
 - Athlete's role on the team
- B. Communication that coaches can expect from parents:
 - Concerns expressed directly to the coaches
 - Specific questions about philosophy or expectations
 - Notification of any injuries or illness
 - Any absences prior to practices or games
- C. Appropriate concerns to discuss with coaches:
 - Treatment of your child (mentally or physically)
 - Ways a parent can help his/her student athlete improve
 - Concerns about your child's behavior
 - Failure to meet Coaching Responsibilities listed in Philosophy Statement
- D. Inappropriate concerns to discuss with coaches:
 - Playing time
 - Team strategy
 - Play calling
 - Another athlete

It can be very difficult to accept when your athlete is not playing as much as you may have hoped. Coaches make decisions based on what they believe to be in the best interest of the team. The coach must take into account all members of the team-not just one individual. As noted in the above lists, certain concerns should be discussed with the coach. Other decisions, like the examples on the list of "Inappropriate Concerns" must be left to the discretion of the coach.

Procedures of discussing concerns with coaches

If you have a concern to discuss with the coach, please follow the procedures below:

Step 1

Call the coach at school and set up an appointment. Ask for the coach by name. If the coach is a JV or Frosh coach and is not a staff member, leave a message with the Varsity coach of that sport. If the Varsity coach is not a staff member, ask for his/her voicemail and call the Athletic Director to leave a message. Please do not attempt to confront a coach before or after a contest. This can be an emotional time for both the parent and the coach. Confrontations of this nature do not promote positive resolutions.

If a satisfactory resolution between the parent and coach does not take place after the initial communication:

Step 2

Contact the Athletic Director. He/She will set up a meeting with the parent, coach and athlete. The Athletic Director will attempt to mediate a resolution. If a satisfactory resolution is not reached at the meeting, contact the administrator in charge of Athletics. The administrator will try to mediate a resolution.

Step 3

If the above mediation fails, contact the principal for a meeting and resolution.

Ethics in Sports (cont'd)

III. Violations, Minimum Penalties, and Appeal Process

4. When an athlete leaves the bench area or fielding position to begin a confrontation or leaves the bench area or fielding position to join an altercation.

Ejection from the contest for those designated by the official, ineligibility for the next contest, probation for remainder of season. Those players involved are later identified, ineligible for next contest and probation for remainder of season. A written appeal may be made by the individual(s) or school to the commissioner. Official to make report by the next school day to the commissioner.

5. When more than two athletes leave the bench area or fielding position to begin a confrontation or leave the bench area or fielding position to join an altercation.

Contest will be stopped by officials and coaches. Ejection from the contest for those athlete(s) designated by the officials. The team(s) that left the bench area must forfeit the contest, record a loss, and the team(s) and player(s) placed on probation for the remainder of the season. A written appeal may be made by the school(s) principal to the commissioner. A second infraction will result in cessation of the season for the team(s) and/or athlete(s). A written appeal may be made by the school(s) principal to the commissioner. Official to make report by the next school day to the commissioner.

6. Other acts committed by individuals or teams or acts committed at end of season.

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

7. Use of an ineligible player in a contest.

If a team uses an ineligible player in a contest(s), the contest(s) shall be forfeited. The number of forfeited contest(s) exceeds the maximum permitted in accordance with the CIFSDS Forfeit Policy (see Green Book) the team shall be excluded from CIFSDS playoffs.

If an ineligible individual is permitted to participate in an individual sport, that individual is excluded from playoffs, and the school is subject to penalties for a willful violation of a rule.

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

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.

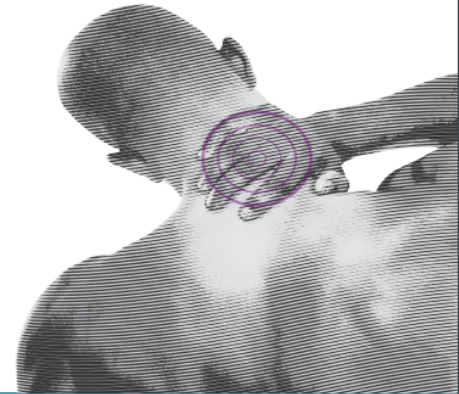
| Symptoms may include one or more of the following: | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • 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: |
|--|
| <ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays 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 |

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don’t involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ___ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don’t involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person’s prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA’s National Helpline at 1-800-662-HELP.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

Education Code 49476: I have received, read and understand the Opioid Fact sheet:

Parent/Caregiver signature _____ Date _____

Student signature _____ Date _____

Pre-Enrollment Contact

State CIF Bylaws require that all information provided in regard to any aspect of student eligibility to participate in athletics must be true, correct, accurate, and complete. State CIF Bylaws also require that parents, students, coaches, and school must disclose any pre-enrollment contact of any kind whatsoever with the parent or student during the 24 months prior to enrollment in the school.

Check one box:

There has **no** pre-enrollment contact of any kind whatsoever during the previous 24 months with anyone at or associated with the school or its athletic programs.

There has been pre-enrollment contact during the previous 24 months with individuals at or associated with the school and its athletic programs. A true, correct, accurate, and complete disclosure of that contact is **explained below**:

Parent/Caregiver signature Date Student signature Date

State CIF Bylaws require that all information provided in regard to any aspect of student eligibility to participate in high school athletics must be true, correct, accurate, and complete. State CIF Bylaws also require that parents, students, coaches and schools must disclose any pre-enrollment contact of any kind whatsoever with the parent or student during the 24 months prior to enrollment in the school.

Participation in this activity must be disclosed to the CIFSDS when requesting eligibility to participate in high school athletics beginning in the ninth grade. Participation in this activity may affect student eligibility to participate in high school athletics.

Parent/Caregiver signature Date Student signature Date

PRINCIPLES OF PURSUING VICTORY WITH HONOR

1. The essential elements of character and ethics in sports are embodied in the six pillars of character; Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship.
2. It is the duty of school boards, superintendents, administrators, coaches, players, and parents to foster and enforce good sportsmanship.
3. School sports programs must be conducted in a manner that enhances the academic, emotional, social, physical, and ethical development of student athletes.
4. Participation in school sports are a privilege, not a right. To earn this right, student athletes must abide by the rules and conduct themselves as positive role models both on and off the field of play.
5. The school board, superintendent, and site administration shall establish standards for participation, by adopting and enforcing codes of conduct.
6. All employees of the CIF member schools will emphasize the importance of academic success, and will reinforce that athletes are students first.
7. Everyone involved in competition, including parents, spectators, associated student body leaders, and all auxiliary groups have a duty to honor the traditions of the sport, and to treat other participants with respect.
8. School boards, superintendents, and school administrators of CIF member schools must ensure that coaches are competent to coach.
9. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.
10. To safeguard the health of our athletes and the integrity of sports, school programs must actively prohibit the use of alcohol, tobacco, drugs, and performance enhancing substances, as well as demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
11. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimension of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring, and good citizens.

Athletic Information: Circle sports you plan to participate in.

Fall Sports: Football, Cross Country
Field Hockey, Girls Tennis, Girls Volleyball
Girls Golf, Boys Water Polo

Winter Sports: Basketball, Wrestling, Girls Water Polo, Soccer

Spring Sports: Baseball, Boys Golf, Boys Tennis, Softball,
Boys Volleyball, Swimming, Lacrosse, Track

Year Round: Band, Cheer, Dance, Color Guard.

******IMPORTANT******

No athlete will be allowed to participate or try out without athletic clearance. All Athletic Clearance Packets must be turned in to the **Athletic Director**. There is a drop off box in the front office where books may be turned in.

The following payments can be made at the beginning of the school year at the finance office, or online at the SMHS Web Store.

Transportation Donation:

All transportation for athletic events will be funded through Athletic Transportation Donations. Please make checks payable to SMUSD, with the student ID number and sport in the memo section.

ASB Stickers:

To help defray the cost of Officials and Tournaments, all athletes are encouraged to purchase an A.S.B. Sticker. This sticker provides free admission to all regular season home athletic events, discounted dance tickets, student store discounts, and show/production discounts. The cost of an A.S.B. Sticker is \$50.00. Please make checks payable to SMHS.

If you have any questions, please contact the Athletic Director, Jeff Meyer at 760-290-2318

Athletic Angel Donation – Booster Club

If you can help support our athletes with an additional donation, please use this opportunity to do so.

Please make checks payable to **SMHS ABC**, and write **Athletic Angel** on the memo line.

\$25 _____ \$50 _____ Other _____

Student Name _____ DOB _____

Please Print

Physical Examination

To be completed by medical personnel

Height _____ Weight _____ BP ____/____ Pulse _____

Vision (optional) Left eye 20/____ Right eye 20/____

| | | |
|-----|---------------------------------------|--|
| 1. | Skin | |
| 2. | Head | |
| 3. | Eyes (PERL, EOMI, Fundi) | |
| 4. | Ears, nose, throat | |
| 5. | Neck | |
| 6. | Lymphatic | |
| 7. | Respiratory | |
| 8. | Cardiovascular | |
| | Heart (murmurs?) | |
| 9. | Abdomen | |
| 10. | Genitalia (including hernia exam-opt) | |

| | | |
|-----|--------------------------|--|
| 11. | Extremities | |
| 12. | Neurological | |
| 13. | Orthopedic | |
| | Cervical spine/back | |
| | Arms/elbows/wrist/hands | |
| | Hips | |
| | Knees | |
| | Ankles / feet | |
| 14. | Developmental | |
| | Tanner staging 1-5 (opt) | |

√ = WNL
X = omitted
+ = see "Notes" below

Please check one:

_____ Full, unrestricted clearance
 _____ Not cleared. Needs clearance by specialist: (Please note below)
 ___ Orthopedist ___ Cardiologist ___ Other

Notes: _____

****Effective May 4, 2011, screenings may only be performed by a licensed MD, DO, PAC, and NP. Also, screening must be performed AFTER May 20th, 2019 for 2019-2020 school year participation****

Athletic screening performed by:

Physician Office Stamp

 Print (M.D./D.O./N.P./P.A.)

 Signature Date

