

ATHLETIC PACKET



Dos Pueblos
Chargers



San Marcos
Royals



Santa Barbara
Dons

Athlete: _____

Grade: 9 10 11 12

Parent Name: _____

Birth Date: _____

Address: _____

City, Zip: _____

Home Phone: _____

Athlete Cell Phone: _____

Athlete Email: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Cell Phone: _____

Parent Email: _____

Parent Email: _____

My student has permission to participate on any sports team offered by any of the Santa Barbara Unified School District high schools.

Parent/Guardian Signature

Date

ATHLETIC INSURANCE INFORMATION STATEMENT

The California Education Code Section 3221 requires public schools to make available to each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

- A. A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200.00) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000.00) with no more than one hundred dollars (\$100.00) deductible and no less than eighty percent (80%) payable for each occurrence.
- B. Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of *at* least one thousand five hundred dollars (\$1,500.00)
- C. At least one thousand, five hundred dollars (\$1,500.00) for all such medical and hospital expenses.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for the student-athlete in any other way or manner, including, but not limited to purchase by the student-athlete or by the parent or guardian of the student-athlete.

I have **sent a check and form to the Athletics Office** for accident insurance as indicated below in order to meet the requirements of the California law (check the appropriate response(s) :

- ___ Tackle Football Insurance (covers tackle football only)
- ___ School Time Insurance (covers sports other than football)
- ___ Full Time Insurance (covers sports other than football)

OR ___ I have health or accident insurance for my Student-Athlete which meets the requirements and California Law and elect not to purchase student insurance (list company name, policy or Group #).

Company Name

Policy/Group #

I will promptly notify the school in the event insurance coverage is no longer available to my student-athlete.

Parent/Guardian Signature

Date

REQUIREMENTS FOR EXTRA CURRICULAR ACTIVITIES PARTICIPATION

EXPECTATIONS:

- A. Avoid use of profanity and illegal tactics
- B. Be gracious in defeat and modest in victory
- C. Have respect for your opponent
- D. Have complete control of yourself at all times
- E. Be courteous and polite
- F. Never question an official's decision
- G. Give your best at all times
- H. Never try to hurt an opponent
- I. Cheer for your team, not against your competition

-Any behavior contrary to that which is stated above will not be tolerated. Violations of a minor nature will result in removal from the game. Those of a more serious nature may result in suspension and/or possible *removal* from the team.

-A player who is *removed* from two games in one season of sport, due to roughness or unsportsmanlike conduct may be dropped from the team.

-Any player who is found guilty of striking an official will be barred from athletic competition for the remainder of their eligibility.

CONDUCT:

All student-athletes are expected to display responsible behavior and good citizenship, respect the rights of others, and abide by all school rules. Because participation in extra- and co-curricular activities is a privilege, students participating in such programs are held to a higher standard of behavior. Code of conduct rules apply to athletes in season and not in season, on campus or off campus. Participation in conduct which brings discredit to oneself, the program, or the school is not acceptable and may be grounds for removal from the extra- or co-curricular activity. In addition, violations of school rules are subject to standard disciplinary consequences.

Should a student's behavior warrant suspension from school, that student will be suspended from all participation in the extra- or co-curricular activity (including practices and rehearsals if applicable) for the period of the suspension and will, at the discretion of the administration, result in removal from the activity for the duration of the season or semester and may result in removal from the activity for the subsequent season or semester. Athletes who attend off campus, non-sanctioned school activities where the athlete is being photographed or recorded and then posted on the internet making the athlete and/or the school appear in a negative manner will be subjective to consequences. Note: All violations of code of conduct policies are subject to administrative review.

First Offense: 1-2 game suspension. Second Offense: May result in removal from team for the remainder of season.

APPEARANCE:

Appearance should represent the student-athlete and their sport in a positive, professional manner and be in compliance with the Santa Barbara Unified District Dress Code policy. Athletes should stand out by their play, not their looks. Earrings and other jewelry may not be worn for safety reasons.

CITIZENSHIP:

To participate, a student athlete must maintain satisfactory citizenship. If a student is suspended from school, they will be ineligible during the period of the suspension. When the student returns to school the period of the athlete's ineligibility is determined by the Principal and Athletic Director.

SCHOLASTIC ELIGIBILITY:

The Santa Barbara Unified School District and the CIF-SS requires that a student must have earned an overall academic grade point average of 2.0 or higher in the quarter immediately preceding that of participation. A student athlete must be making normal progress toward graduation by passing at least 20 semester units of new work the previous semester. Only one of the subjects may be a Physical Education course (5 semester units).

DRUG, ALCOHOL, TOBACCO, AND CONTROLLED SUBSTANCES:

In accordance with the Alcohol/ Illegal Substance Use/Possession Policy at Santa Barbara Unified School District, the following guidelines will be followed for all students, including athletes: The jurisdiction of the school on alcohol/illegal substances use related issues include and violation that takes place at school or during school sponsored/sanctioned activities on or off school grounds. Violations taking place on the way to school or from school, including use prior to attending school or school related events, fall under the jurisdiction of the school. This includes off season also. Consequences for sale/distribution of alcohol/illegal substances will result in immediate suspension with a recommendation for expulsion. Note: All violations of the drug/alcohol/controlled substance policies are subject to administrative review.

Consequences for use or possession of alcohol/illegal substances/drug paraphernalia;

1. Five-day suspension from school, parent notification, and conference with parents.
2. Notification to Law Enforcement Agency and possible arrest.

Recommendation for expulsion unless the District determines that to do so would be inappropriate given the particular circumstances. In lieu of expulsion, students shall be provided the option to participate in the S.U.P.E.R. Program.

First Offense: The student will be suspended from all co-curricular activities/athletics for 14 days from the day of incident. Students may return to their co-curricular activity/athletics after two weeks. Student-athlete will be required to complete the S.U.P.E.R. Program. Any exceptions to this policy may be appealed to the Site Administrator. **Second Offense:** Removal from all sports teams for the remainder of the school year.

TRANSFER OF PLAYERS FROM ONE TEAM TO ANOTHER:

A player who quits a team after the first game will not be allowed to enroll in another sport until the end of the sport season that was initially started is completed. Coaches should not encourage players to leave one team for another.

Any transfer before the deadline must be approved by the releasing coach. A player who is asked to leave the team will be under the same restriction as a player who quits the team (see above).

ATTENDANCE:

Students and parents/guardians are reminded that there is a direct correlation between attendance and academic achievement.

Student-athletes are expected to attend their classes on the day of a competition, just as every other school day of the week. A unexcused absence (cut) from class on a game day may result in suspension from the next competition. A student who has undergone medical treatment must be cleared by the doctor to return to practice and competition. *(continued on next page; signature is required on next page)*

SANTA BARBARA UNFIED SCHOOL DISTRICT PARENT AND GUARDIAN CODE OF ETHICS

As a parent, I understand that it is my responsibility to:

- Support all of the athletes participating in the competition
 - Show respect for athletes, opponents, officials and coaches
 - Respect the integrity and judgement of the game officials
 - Respect the integrity and judgement of the coaches and their staff
 - Never approach any member of the coaching staff with concerns during or after a game
- In case of concerns between the player and the coach, the following protocol must be followed:

- Player and coach conference
- Player, coach, and athletic director conference (If problems still exists, the parent maybe included)
- Player, coach, athletic director and principal conference

Parents and guardian have seating section at the game, and must remain in that area during competition, including time-outs. Parents and guardian may never enter the playing area, unless asked by a coaching staff.

I understand that any parent/guardian, whose actions are found to be disrespectful to players, coaches or officials will be asked to leave the playing site. They may not return until a conference has been held between the parent, the athletic director and principal. If a parent is asked to leave a second time, they will no longer be admitted to future competitions. Any person threatening a player, coach, official, or school staff member will be reported to the appropriate authorities and will not longer be admitted to competition.

I acknowledge and accept the Expectations for Eligibility Requirements for Extra Curricular Activities Participation as explained on this page and the previous page.

Parent/Guardian Signature

Date

Student Signature

Date

CALIFORNIA INTERSCHOLASTIC FEDERATION ATHLETE CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and co-curricular, in the classroom and on the playing field, must be congruent with the school stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context the following Code of Ethics is presented. As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority
2. Show respect for teammates, opponents, officials and coaches
3. Respect the integrity and judgement of game officials
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field
5. Maintain a high level of safety awareness
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures
7. Adhere to the established rules and standards of the game to be played
8. Respect all equipment
9. Refrain from the use of alcohol, tobacco, illegal and nonprescriptive drugs, anabolic steroids, or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States of America Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation
11. Win with character, lose with dignity

ASSUMPTION OF RISK

I understand the dangers and risks of playing or practicing to play/participate in any sport may result in serious injury of the body, general health and potential death. I understand the importance of following rules and regulations of safety procedures. I assume all risks associated with participation and agree to hold the school district and its employees harmless from any and all liability and claims whatsoever which may arise as a result from participation in sports.

Parent/Guardian Signature

Date

Student Signature

Date

C.I.F. ATHLETIC PARTICIPATION HEALTH FORM

SANTA BARBARA UNIFIED SCHOOL DISTRICT

HEALTH SERVICES

STUDENT INFORMATION to be completed by student-Parent signature **REQUIRED**

Name: _____
LAST FIRST

Address: _____

HISTORY:

1. Have you had—(circle if **YES**) allergies, asthma, seizures, heart murmur, a broken bone, diabetes, surgery or hospitalization: Explain _____
2. Do you wear corrective lenses during sports? YES _____ NO _____
3. Is your hearing normal? YES _____ NO _____
4. Do you take any medications? YES _____ NO _____ If YES, what? _____
5. Please note any other medical information that school personnel may need to know: _____

Parent/Guardian Permission for EXAM: _____ DATE: _____

ORIGINAL MUST BE RETURNED TO SCHOOL-NO COPIES

PHYSICIAN INFORMATION – TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER ONLY

PHYSICAL EXAMINATION

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____

Code: 0 = Negative X = Positive NE = No Examination

1. Ears, Nose, Throat		8. Musculoskeletal Evaluation	
2. Eyes—pupil equal reactive		8.1 Flexibility/stability of joints	
Symmetry of eye movement		Gait Hand	
3. Dental—Missing teeth		Kneebend	
Chipped teeth		8.2 Spine—scoliosis	
Removable teeth		8.3 Swelling of joints	
Orthodontia		8.4 Muscular Weakness	
4. Lungs		8.5 Atrophy	
5. Heart		Thigh Shoulder Girdle	
6. Abdomen		Calf Arm	
7. Hernia		9. Incoordination/loss of balance	

Additional findings, comments and/or recommendations: _____

"I certify that I have on this date examined this student and that on the basis of the exam requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities."

IF STUDENT IS NOT MEDICALLY FIT TO PARTICIPATE IN ATHLETICS OR IF THERE ARE EXCEPTIONS TO THE ABOVE STATEMENT, EXAMINING PHYSICIAN SHOULD INDICATE ABOVE.

Signature of Examining Physician: _____ Phone: _____

Print Name: _____ Date: _____ Agency: _____



Santa Barbara Unified School District

2018-2019 SUDDEN CARDIAC ARREST INFORMATION SHEET

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. It is fatal in 92 percent of cases if not properly treated within minutes.

WHAT ARE THE WARNING SIGNS AND RISK FACTORS OF SCA? SCA often has no warning signs. In fact, the first symptom could be death. Athletes (and often their parents) don’t want to jeopardize their playing time, so they may avoid telling parents or coaches in hopes that the symptoms will “just go away” on their own. Or, they may think they’re just out of shape and need to train harder. Student athletes need to recognize and seek help if any of the conditions listed below are present.

Potential indicators that SCA is about to happen: Racing heart, palpitations or irregular heartbeat , Dizziness or lightheadedness, Fainting or seizure, especially during or right after exercise, Fainting repeatedly or with excitement or startle, Chest pain or discomfort with exercise, Excessive, unexpected fatigue during or after exercise, Excessive shortness of breath during 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 or excessive energy drinks

HOW CAN THE CONDITIONS OF SCA BE DETECTED? Physical Exam and Medical History. Prior to participating in athletics, students are required to get a physical and complete a medical history. This form asks questions about family history and heart conditions. The physical exam should include listening to the heart. Heart Screening. An electrocardiogram (ECG) is an effective diagnostic tool that detects irregularities. An abnormal ECG exam can lead to other tests like an echocardiogram, stress test, Holter monitor and more.

IF YOU THINK YOUR CHILD HAS EXPERIENCED ANY SCA SYMPTOMS If your child has experienced any SCA-related symptoms, it is crucial to 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 the doctor’s feedback before returning your child to play, and alert his/her coach, trainer and school nurse about any diagnosed conditions.

California Education Code 33479.5 and the California Interscholastic Federation (CIF) Bylaw 503 require implementation of a sudden cardiac arrest protocol that helps ensure and protect the health of student athletes:

A student who passes out or faints while participating in or immediately following an athletic activity, or who is known to have passed out or fainted while participating in or immediately following an athletic activity, must be removed from participation at that time by the athletic director, coach, athletic trainer, or authorized person. A student who is removed from play after displaying signs and symptoms associated with sudden cardiac arrest may not be permitted to return to participate in an athletic activity until the student is evaluated and cleared to return to participate in writing by a physician and surgeon.

For more information, visit: <http://cifstate.org/sports-medicine/sca/index> (CIF)

I have reviewed and understand the symptoms and warning signs of SCA.

Student-athlete Name

Student-athlete Signature

Date

Parent or Legal Guardian

Parent or Legal Guardian Signature

Date



Santa Barbara Unified School District
2018-2019 CONCUSSION INFORMATION SHEET

(Applicable Only for the Current School Year)

A concussion is a type of brain injury and all brain injuries are serious. A concussion can be 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. It 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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion may 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 listed below, or if you notice the symptoms or signs of concussion yourself, your child should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, determines that your child is symptom-free and able to return to play.

<i>Signs observed by coaching staff...</i>	<i>Symptoms reported by athletes...</i>
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

Concussions affect people differently. While most athletes with concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. In rare cases, a dangerous blood clot may form on the brain and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body she/he exhibits any of the following danger signs:

One pupil is larger than the other	Convulsions or seizures
Is drowsy or cannot be awakened	Cannot recognize people or places
Weakness, numbness, or decreased coordination	Repeated vomiting or nausea
Slurred speech	Has unusual behavior
A headache that not only does not diminish, but gets worse	Becomes increasingly confused, restless, or agitated
Loses consciousness	

WHY MUST AN ATHLETE BE REMOVED FROM PLAY AFTER A CONCUSSION?

If an athlete has a concussion, his/her brain needs time to heal. Continuing to play while the brain is still healing 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 young athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

IF YOU THINK YOUR CHILD HAS SUFFERED A CONCUSSION

If you suspect that your child has a concussion, remove him/her 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. Do not try to judge the severity of the injury yourself. Close observation of the athlete should continue for several hours. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

California Education Code 49475 and the California Interscholastic Federation (CIF) Bylaw 313 require implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student athletes:

Any athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider who is trained in the management of concussions and is acting within the scope of his or her practice. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from that licensed health care provider. If the licensed health care provider determines the athlete has a concussion or head injury, the athlete shall also complete a graduated return-to-play protocol of no less than 7 days in duration under the supervision of a licensed health care provider.

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

For more information, visit: <http://www.cdc.gov/headsup/youthsports/index.html> (Centers for Disease Control and Prevention) or http://www.cifstate.org/sports-medicine/concussions/student_parents (CIF)

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

