

****Completed physical packets are valid to June. A NEW physical packet will be required THERAFTER proceeding into the following school year.**

Name: _____ **Grade:** _____ **Student ID#:** _____

SPORTS: _____

To: Student Athletes

From: Santa Paula High School Coaches, Athletic Director, and Principal

Attention Student Athletes and Parents or Guardian:

In this packet are forms and information which you must read, fill out, sign and return to your coach before you will be allowed to practice or participate in the sports program for Santa Paula High School. It is important that all information be current and accurate. Some of the forms stay in the athletic office and some go with the coaches so all copies must be filed out **COMPLETELY.**

Here is a list of the required information/forms:

- Student Physical- Must be dated and signed by the physician. Physicals are good for the current school year only. Student athletes will not be allowed to practice or compete unless they pass the physical exam.
- Insurance Form- Each student athlete must be covered by insurance in one of the following amounts:
 1. Medical/Accidental with benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000) with no more than a one hundred dollar (\$100) deductible and no less than 80% payable for each occurrence.
 2. Group or individual medical plan that is certified by the Insurance Commissioner to be equivalent to coverage of at least one thousand five hundred dollars (\$1,500).
 3. At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

Students must provide evidence of adequate coverage or must purchase insurance provided through the Myers Stevens Toohey Company. If you need to purchase insurance, please contact the coach for the appropriate form. Student athletes will not be allowed to practice or compete without adequate insurance coverage. All forms must include insurance policy or group numbers.

- Two (2) Athletic Emergency Cards- One goes with the coach, one stays in the Athletic Office. Please complete and sign both forms.
- Codes of Conduct- One is the C.I.F. Code and the other is the Cardinal Code of Conduct. Both parents/guardian and student athlete must read these. Return the signed signature form. Keep the copy of the Cardinal Code of Conduct for your records.
- Concussion signs and symptoms information sheet must be signed by student athlete and parents/legal guardians. All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. It is important risks associated with playing competitive sports are recognized and understood prior to engaging in practices and competitions.

Cardinal Social Media Contract must be signed by student athlete and parents/legal guardians.

PLEASE FILL OUT AND SIGN BOTH FORMS

(Please PRINT all information)

Athletic Emergency Card

Student Name: _____ Date of Birth: _____ Grade: _____

Address: _____ Home Phone: _____

Name of Parents/Guardian: _____ Work Phone: _____

Who to Contact if Parent Not Available: _____

Address: _____ Phone: _____

Family Physician: _____

Insurance Company: _____ Policy #: _____

I give permission to the Santa Paula High School Staff to act on my behalf in case of an injury on any school sponsored activity. I consent to have emergency medical services performed on my child if necessary.

Parent/Guardian Signature: _____

ALL INFORMATION MUST BE FILLED IN OR STUDENT WILL NOT PARTICIPATE IN ANY SPORT.

PLEASE FILL OUT AND SIGN BOTH FORMS

(Please PRINT all information)

Athletic Emergency Card

Student Name: _____ Date of Birth: _____ Grade: _____

Address: _____ Home Phone: _____

Name of Parents/Guardian: _____ Work Phone: _____

Who to Contact if Parent Not Available: _____

Address: _____ Phone: _____

Family Physician: _____

Insurance Company: _____ Policy #: _____

I give permission to the Santa Paula High School Staff to act on my behalf in case of an injury on any school sponsored activity. I consent to have emergency medical services performed on my child if necessary.

Parent/Guardian Signature: _____

ALL INFORMATION MUST BE FILLED IN OR STUDENT WILL NOT PARTICIPATE IN ANY SPORT.

SANTA PAULA HIGH SCHOOL ATHLETICS

INSURANCE INFORMATION

Complete and return this form to the coach or athletic office. PLEASE PRINT ALL INFORMATION.

Student Name

Current
Grade

Insurance Information for Sports Participation:

_____ Student has required Insurance

Insurance Company _____

Policy/Group Number _____

_____ We wish to Purchase School Insurance (Myers-Stevens)*

*Please ask the coach for the appropriate forms to purchase this insurance.

This information will remain effective for the entire school year. I understand that any changes in insurance coverage, policy number or company must be submitted, in writing, to the athletic director immediately.

Parent/Guardian Signature

Date

C. I. F.
ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that 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 judgment 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 and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive 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 or American 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.

Parent's Signature

Date

Athlete's Signature

School

Date

Athlete's Name Printed

A copy of this form must be kept on file in the Athletic Director's Office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section Office.

PLEASE COMPLETE OTHER SIDE



Concussion Information Sheet

Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the “Return to Learn” and “Return to Play” protocols I will consult with my physician.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

I have read the Cardinal Social Media Contract and agree to adhere to the requirements.

Date: _____

Student Full Name (Print): _____

Student Full Name (Sign): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Name (Sign): _____

Santa Paula High School students participating in athletics and other co-curricular activities should be aware that their online actions have consequences. While Santa Paula High School does not monitor student social media accounts, it has the right to act on information provided by third parties (i.e. students, parents, & community members). Santa Paula High School also has a right to investigate students; social media sites in the event of allegations of inappropriate online conduct. Pursuant to the California Education Code, including but not limited to, sections 220, 234, 234.1, 32261 and 48900 *et. Seq.* and applicable federal and state case law, Santa Paula High School has a right to discipline students for online conduct which is related to a school activity or attendance and is: 1) substantially or foreseeably disruptive to the Santa Paula High School environment; 2) lewd, vulgar or offensive; and/or 3) advocating violence or illegal activity. In addition, students should be aware that, in certain circumstances, their online conduct may be subject to criminal prosecution.

Date: _____

Parent/Guardian (Sign): _____

PLEASE COMPLETE OTHER SIDE

RETAIN PAGES 1-5 OF THE CODE OF CONDUCT
RETURN this page to the Athletic Director/Advisor prior to
participating in all contests/activities.

I have read the Cardinal Code of Conduct and agree to adhere to the requirements.

Date: _____

Student Full Name (Print): _____

Student Full Name (Sign): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Name (Sign): _____

Should an injury occur that requires immediate attention and/or hospital service. I authorize the SPUSD and its representatives to arrange such services as may be necessary.

I have read and understand this notice regarding participation in extra-curricular activities. I agree to defend, indemnify and hold the Santa Paula Union High School District, its directors, officers, agents, employees and individual members, free and harmless from and against any and all liability claims, demands, from any accident or injury or other cause of action that may arise on behalf of my son/daughter as a result of his/her participation in Santa Paula High School extra-curricular programs.

This authorization shall remain effective for the school year unless revoked in writing and delivered to said agents. I understand that the Santa Paula Union High School District does not provide medical or accident insurance for students with regards to school related injuries.

Date: _____

Parent/Guardian (Sign): _____

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 are out of shape and need to train harder, or they simply ignore the symptoms, assuming they will “just go away.” Additionally, some health history factors increase the risk of SCA.

What Should You do if your Student Athlete is Experiencing 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.

Return to Play (RTP)

The California Interscholastic Federation (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. 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 (medical doctor or doctor of osteopathy). Parents, guardians and caregivers are urged to dialogue with student athletes about their heart health.

Acknowledgment

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 Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Legal References:

California Interscholastic Federation Bylaw 503

Sports: _____

Student ID#: _____

SANTA PAULA HIGH SCHOOL
Sports/Co-curricular Participation Screening Examination

Name _____

Birth Date _____ Parent(s)/Guardian(s) Name _____

Current Grade _____

Home Address _____

Home Phone _____

Have you ever (Circle appropriate response):

1. Been Hospitalized? Yes No If yes, Why? _____

2. Had surgery Yes No If yes, Why? _____

3. Sustained a concussion or been knocked out? Yes No How many times? _____

4. Been treated for the following (Circle those that apply):

Diabetes Hernia Heart Problem Epilepsy
Seizure Asthma High Blood Pressure

5. Injured one or more of the following (Circle those that apply):

Neck Shoulder Hip
Back Elbow Knee
Jaw Wrist/Hand Ankle/Foot
Other _____

6. Allergies _____

7. Current Medication _____

Height _____ Weight _____ Blood Pressure _____

| | | |
|---------------------|--------|----------|
| FLEXIBILITY/POSTURE | NORMAL | ABNORMAL |
| Upper extremities | _____ | _____ |
| ROH Screens | _____ | _____ |
| Lower Extremities | _____ | _____ |
| Scoliosis | _____ | _____ |
| Comments: _____ | | |

| | | |
|------------------------|-------|-------|
| Orthopedic Examination | _____ | _____ |
| Upper Extremities | _____ | _____ |
| Shoulder | _____ | _____ |
| Elbow | _____ | _____ |
| Wrist/Hand | _____ | _____ |
| Spine | _____ | _____ |
| Lower Extremities | _____ | _____ |
| Hip | _____ | _____ |
| Knee | _____ | _____ |
| Ankle/Foot | _____ | _____ |
| Comments: _____ | | |

| | | |
|----------------------|-------|-------|
| Physical Examination | _____ | _____ |
| Head and Neck | _____ | _____ |
| Eyes | _____ | _____ |
| Ear/Nose/Throat | _____ | _____ |

| | | |
|------------------|-------|-------|
| Cardiovascular | _____ | _____ |
| Gastrointestinal | _____ | _____ |
| Urinary Tract | _____ | _____ |
| Comments: _____ | | |

_____ Is cleared for sports/co-curricular participation

_____ Is not cleared for sports/co-curricular participation
_____ Deferred

Physician Signature _____

Date _____