



CAPISTRANO UNIFIED SCHOOL DISTRICT
CAPISTRANO VALLEY HIGH SCHOOL

ATHLETIC CLEARANCE PACKET

The Following Forms must be completed, signed and returned to the Activities Office. **Do not give to your coach.** Partial packets will not be accepted. Please make a copy for your records.

- _____ 1. CUSD Physical Screening Form (must have doctor's stamp)
- _____ 2. CUSD Athletic Code of Honor
- _____ 3. CUSD Athletic Insurance Verification
- _____ 4. Copy of Insurance Card
- _____ 5. CUSD Informed Consent & Awareness of Sports Injury Risk

TO ALL PARENTS/GUARDIANS & STUDENTS OF CAPISTRANO VALLEY H.S.:

It is our goal to provide a rewarding educational experience for your student. The Capistrano Unified School District and Capistrano Valley HS offers voluntary participation in a wide range of interscholastic athletic teams. Participation is a privilege, not a right; therefore we strongly adhere to requirements of academic eligibility and citizenship/behavior. Our coaches are supported in their professional freedom to make coaching choices and decisions that are sport specific. *We strive to teach our student-athletes the concepts of team goals and school pride as opposed to individual honors and recognition.* We also recognize your love and concern for your child. If there is a conflict in these objectives, we are here to resolve them. Please take the time to carefully read, understand, complete, and sign where indicated on all forms contained in the packet. **THE INFORMATION IS MANDATORY AND MUST BE COMPLETELY FILLED OUT PRIOR TO ANY STUDENT'S PARTICIPATION IN ATHLETIC ACTIVITIES (INCLUDING TRY-OUTS)** at Capistrano Valley High School. We appreciate your support and thank you for your cooperation.

CAPISTRANO VALLEY HIGH SCHOOL ATHLETIC SPORT SEASONS

<u>FALL (AUG-NOV)</u>	<u>WINTER (NOV-FEB)</u>	<u>SPRING (FEB-MAY)</u>
CROSS COUNTRY (boys/girls)	BASKETBALL (boys/girls)	BASEBALL
FOOTBALL	SOCCER (boys/girls)	SOFTBALL
GIRLS GOLF	GIRLS WATER POLO	BOYS GOLF
GIRLS TENNIS	WRESTLING	SWIMMING (boys/girls)
GIRLS VOLLEYBALL		BOYS TENNIS
BOYS WATER POLO		TRACK (boys/girls)
SURFING (boys/girls)		BOYS VOLLEYBALL
		LACROSSE (boys/girls)

ELIGIBILITY REQUIREMENTS

- 1) **SCHOLASTIC:** all athletes must have passed 20 units (four classes) of new work during the previous semester. Summer school grades may be counted. A student-athlete will be placed on academic probation if his or her semester GPA falls below a 2.0. A student-athlete will be ineligible for participation if his or her GPA is below a 2.0 for two consecutive semesters.
- 2) **RESIDENTIAL:** all athletes must reside in the Capistrano Valley HS attendance area in a bona fide residence with their parents or legal guardian (s). All transfers to CVHS must call the Athletic Director and complete appropriate paperwork.
- 3) **MEDICAL EXAMINATION:** each athlete must have a physical exam by a qualified physician (as recognized by the AMA) on file prior to tryouts, practice, or competition. The physical exam is valid for one calendar year.
- 4) **INSURANCE:** all athletes must have a **copy** of a medical insurance card on file **before** participation.

**CAPISTRANO UNIFIED SCHOOL DISTRICT
CAPISTRANO VALLEY HIGH SCHOOL
PHYSICAL SCREENING FORM**

SPORTS: (fall) _____ (winter) _____ (spring) _____

Name _____ Grade _____ Male _____ Female _____ Date of birth ____/____/____

Address _____ City & Zip Code _____ Home Phone _____

Father/Guardian _____ Work phone _____ Cell phone _____

Mother/Guardian _____ Work phone _____ Cell phone _____

Emergency Contact _____ Phone Number _____ Insurance _____

I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated.

Signature of parent/guardian _____ Date _____

HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM

<u>Any past or present:</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Problems with vision	_____	_____	Surgeries	_____	_____
Eyeglasses	_____	_____	Dental problems	_____	_____
Contacts	_____	_____	braces	_____	_____
Problems with hearing	_____	_____	false teeth	_____	_____
Hearing aid	_____	_____	Painful joints	_____	_____
Blacking out or fainting	_____	_____	Broken bones	_____	_____
Unconsciousness	_____	_____	Part, date _____	_____	_____
Convulsions, seizures	_____	_____	Knee or ankle problems	_____	_____
Heart problems	_____	_____	Require support/brace	_____	_____
Rheumatic fever	_____	_____	Need for medication	_____	_____
Bleeding disorders	_____	_____	Name _____	_____	_____
Blood sugar problems	_____	_____	Menstruation problems	_____	_____
Hypoglycemia	_____	_____	Hernias	_____	_____
Diabetes	_____	_____	Asthma	_____	_____
Allergies – type _____	_____	_____	OTHER HEALTH ASPECTS THE DOCTOR	_____	_____
Bee or insect stings	_____	_____	AND SCHOOL SHOULD BE AWARE OF:	_____	_____
Hospitalizations	_____	_____	_____	_____	_____

PHYSICAL EXAM: DATE _____ HEIGHT _____ WEIGHT _____

PULSE: RESTING _____ AFTER ACTIVITY _____ B.P. _____

EYES	_____	LYMPH GLANDS	_____	POSTURE	_____
EARS	_____	THYROID	_____	MUSCLE TONE	_____
NOSE	_____	HEART	_____	REFLEXES	_____
THROAT	_____	LUNGS	_____	ORTHOPEDIC	_____
TEETH	_____	ABDOMEN	_____	SKIN	_____
BRACES	_____	HERNIA	_____	OTHER	_____

I have examined the above student and do recommend that s/he is physically fit for full participation in sports.

Name of physician _____ MD or DO Date _____

Signature _____ Phone number _____

Special doctor recommendations or restrictions _____

****Please stamp with physician's office stamp****

**CAPISTRANO UNIFIED SCHOOL DISTRICT
CAPISTRANO VALLEY HIGH SCHOOL**

ATHLETIC CODE OF HONOR

The goal of athletic participation is to provide a rewarding educational and co-curricular experience for all students. All participants must commit to exemplary conduct and behavior as a representative of the school, District, and community.

As a participant in Capistrano Unified School District athletics, I agree to the following:

1. To recognize that participation in athletics is a privilege and not a right; as such, the privilege may be revoked if the student-athlete does not abide by the Athletic Code and follow school and District policies.
2. To meet the minimum academic requirements established by the Board of Trustees of the Capistrano Unified School District and California Interscholastic Federation (CIF) for eligibility. (see Board Policy 6145)
3. To recognize that student athletes have a primary responsibility to attend and pass their classes.
4. To recognize that interscholastic athletic competition must demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. Participants agree to commit to the six pillars of character found in the District/CIF "Pursuing Victory with Honor" sportsmanship code: trustworthiness, respect, responsibility, fairness, caring, and good citizenship.
5. To recognize that suspension for offenses to Education Code 48900 will result in competition ineligibility during the time of suspension. Specifically, I will not use or possess alcoholic beverages, drugs, drug paraphernalia or narcotics. I will not use or possess androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (as mandated by CIF Bylaw 524).
6. To remain as a team member throughout the season of the sport. An athlete who quits or leaves a team after league begins cannot go out for another sport or transfer into another athletic class until his/her original season has ended. An athlete who quits or leaves a team during the pre-league season can go on to another sport with approval of both head coaches.
7. To recognize that an athlete cannot compete in two sports during the same season without the prior approval of both head coaches and athletic director.
8. To recognize that specific standards of behavior and appropriate consequences may be set by the head coach of each individual sport. Sport specific codes must be in written form, signed, and on file with the athletic director.
9. To recognize that athletes are financially responsible for uniforms and equipment issued to them and must pay for items not turned in at the end of the season. Athletes failing to return school-issued equipment will not be permitted to receive equipment, awards, or participate in another sport until all equipment debts are satisfied. All equipment is to be turned in to the person who collects equipment no later than seven (7) school days after the end of the season.

Any violation of the rules and standards may result in suspension from athletics for the remainder of the season of the sport in which the athlete is currently participating. A violation to item 5 above will result in a loss of all privileges and suspension from athletics, activities, or events for 90 school days, and the athlete will be removed from the athletic period during this suspension. A violation of item 5 above may result in a recommendation for expulsion from CUSD.

Students, parents/guardians, and community members within the District who have a complaint or disagreement about a district issue, situation, or employee decision or action and seeking a specific redress are asked to follow Board Policy 1312.1 (Complaint Policy) in order to have the complaint, grievance, or difference of opinion addressed in an orderly manner.

I have read and fully understand the above regulations. I realize that failure to comply with any of these rules will result in immediate action by my coach, Athletic Director, or school authority.

Signature of Athlete

Date

Signature of Parent/Guardian

Date

CAPISTRANO UNIFIED SCHOOL DISTRICT
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ATHLECTIC INSURANCE VERIFICATION

ALL PARENTS MUST COMPLETE THIS FORM. California Law, Education Code, Section 32220-24 requires that every member of a high school athletic team have accidental bodily injury insurance, providing at least \$1500 of scheduled medical/hospital benefits. The parent or guardian must provide proof that their family coverage satisfies the Code in relation to medical coverage.

Complete ITEM 1:

If you have the \$1500, accidental bodily injury insurance.

Complete ITEM 2:

If you do not have accidental bodily injury benefits for your son, daughter, or ward, please fill out ITEM 2 below.

ITEM 1

The athlete has accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits.

Athlete's Name

Parent/Guardian Signature

**Proof of Insurance is Required
Attach a Photocopy of
Insurance Card here**

ITEM 2

The athlete DOES NOT have accidental bodily injury insurance required. PARENT/GUARDIAN MUST COMPLETE APPROPRIATE MYERS-STEVENSON & TOOHEY & CO., INC. APPLICATION. The application can be obtained at the Activities Office OR by calling Myers-Stevens & Toohey at (949) 348-0656 or (800) 827-4695. You can mail or fax it directly to Myers-Stevens or you may return it to the Activities office for processing.

By signing below, I, parent/guardian, am agreeing to purchase the appropriate (as stated above) accidental bodily injury insurance with MYERS-STEVENSON & TOOHEY & CO., INC.

Athlete's Name

Parent/Guardian Signature

Date

**CAPISTRANO UNIFIED SCHOOL DISTRICT
CAPISTRANO VALLEY HIGH SCHOOL**

**INFORMED CONSENT AND
AWARENESS OF SPORTS INJURY RISK**

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur.

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. NO amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligation of parents/guardians and students in making this choice to participate cannot be overstated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instruction.

If any of the foregoing is not completely understood and you have questions, please contact the athletic director or school administrator for further information.

We have read and understand the information above and I give permission to my son/daughter,
_____ **to participate.**

Parent/Guardian Signature

Date

Print Name

Athlete's Signature

Date

Print Name