Trinity High School Emergency Card

Student Name (please use ink)  Cell #  Grade  Date

Student Street Address:

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Cell #</th>
<th>Other #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
<td>Cell #</td>
<td>Other #</td>
</tr>
<tr>
<td>Alternate Contact</td>
<td>Cell #</td>
<td>Other #</td>
</tr>
<tr>
<td>Physician Name</td>
<td>Phone #</td>
<td>Other #</td>
</tr>
<tr>
<td>Medical Insurance Company</td>
<td>Policy #</td>
<td>Group #</td>
</tr>
<tr>
<td>Hospital Preference</td>
<td>Health Conditions</td>
<td>Allergies</td>
</tr>
<tr>
<td>Other Health Notes</td>
<td>Other Health Notes</td>
<td>Other Misc. Notes</td>
</tr>
</tbody>
</table>

I hereby give my permission for my son, daughter, or ward as named above to participate in extracurricular activities and to travel with a representative of the TAUSD District on activity trips. In case the student named above becomes ill or is injured, medical treatment by a qualified individual(s) is hereby authorized.

_________________________  ______________________
Parent/Guardian Signature  Date
Athletics / Sports
Voluntary Activities Participation
Acknowledgment and Assumption of Potential Risk

I authorize my child, ____________________________ to participate in the Trinity Alps Unified School District (TAUSD) sponsored activities in interscholastic and intramural athletics.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses that may result from participating in these activities include, but are not limited to, the following:

1: Sprains/strains
2: Fractured Bones
3: Unconsciousness
4: Head and/or back injuries
5: Paralysis
6: Loss of eyesight
7: Communicable diseases
8: Death

I understand and acknowledge that participation in these activities is voluntary and as such is not required by the TAUSD for course credit or completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, my child and I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the TAUSD, its elected or appointed officials, employees, agents, or volunteers shall not be liable for any injury/illness suffered by my child which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this Voluntary Activities Participation Form and that I understand and agree to its terms.

Parent/Guardian Signature: ____________________________ Date: ____________________________

Student Athlete Signature: ____________________________ Date: ____________________________

OVER
AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT
AND HEALTH INSURANCE VERIFICATION

HEALTH INSURANCE VERIFICATION:
Education Code Section 32221 requires that athletic team insurance must be provided at the expense of the school districts
(1) only in the event that a student does not otherwise have insurance or a reasonable equivalent of health benefits coverage,
and (2) only if the student cannot afford such insurance or health benefits coverage. Please select one of the following:

I have health insurance with coverage of at least one thousand five hundred dollars ($1,500) in compliance with Education Code Section 32221.

Athletic Team/Sport: ________________________________

Student's Name: ________________________________ Grade: ______

Insured Name: ________________________________

Insurance Company: ________________________________ Policy / ID Number: __________

Medications: __________________________________________

Allergies/Health Issues: __________________________________________

I would like to enroll in a no-cost or low-cost local, state, or federally sponsored health insurance programs in compliance with Education Code Section 32221.5. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 800-880-5305.

I do not have health insurance and need to be covered by the Trinity Alps Unified School District's athletic team insurance.

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

In the event of an injury or illness to my child while participating on the athletic team, I do hereby authorize the Trinity Alps Unified School District, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

Parent/Guardian Signature: ________________________________ Date: __________

Ref: 37-6/2021
CIF Athletic Eligibility, Undue Influence, & Transfer Information

CIF Initial Eligibility

As a student, I entered high school in the 9th grade at __________________________ High School.

CIF Undue Influence

As a condition of membership in the California Interscholastic Federation (CIF), all schools shall acknowledge that they will not recruit, solicit, and/or use undue influence in any form to persuade a student-athlete into attending their school for the purposes of athletic participation.

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby, agree that the student was not recruited, solicited, and/or unduly influenced into attending Trinity High School for the purposes of athletic participation.

Student Athlete Signature: __________________________ Date: ____________

Parent/Guardian Signature: __________________________ Date: ____________

CIF Transfer Information

** Please read the following information carefully, as it pertains to YOUR athletic eligibility **

☐ I initially enrolled and attended Trinity High School beginning my 9th grade year. Additionally, my enrollment at Trinity High School has continued without any transfer to another school.

☐ I enrolled and/or attended another school at some point in my high school career. This includes another high school, alternative education school, independent study, etc. If this is the case, you MUST see/notify the Principal and Athletic Director immediately.

If you did attend another school, please list the following:

9th Grade School: __________________________ Sport(s) __________________________

10th Grade School: __________________________ Sport(s) __________________________

11th Grade School: __________________________ Sport(s) __________________________

12th Grade School: __________________________ Sport(s) __________________________

Student Athlete Signature: __________________________ Date: ____________

[Signature]

Over
ANDROGENIC/ANABOLIC STEROIDS:

As a condition of membership in the California Interscholastic Federation (CIF), all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written permission of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200.D. there may be penalties for false or fraudulent information. We also understand the Trinity High School and the Trinity Alps Unified School District’s policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Student Athlete Signature: __________________________ Date: __________
Parent/Guardian Signature: __________________________ Date: __________

ATHLETIC/EXTRA CURRICULAR CODE:

As a condition of participation of athletics and/or extra-curricular activities, students and their parents, guardian/caregiver must agree to follow the policies of Trinity High School and the Trinity Alps Unified School District.

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby, agree that they have read, understand, and shall adhere to these rules. We also recognize that any violation(s) of these rules may cause the student-athlete to become ineligible.

Student Athlete Signature: __________________________ Date: __________
Parent/Guardian Signature: __________________________ Date: __________
Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.
3. Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force, that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team’s athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a “baseline” so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child’s recovery from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.
Signs observed by teammates, parents and coaches include:

- Looks dizzy
- Looks spaced out
- Confused about plays
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or awkwardly
- Answers questions slowly
- Slurred speech
- Shows a change in personality or way of acting
- Can’t recall events before or after the injury
- Seizures or “has a fit”
- Any change in typical behavior or personality
- Passes out

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or throws up
- Neck pain
- Has trouble standing or walking
- Blurred, double, or fuzzy vision
- Bothered by light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Loss of memory
- "Don’t feel right”
- Tired or low energy
- Sadness
- Nervousness or feeling on edge
- Irritability
- More emotional
- Confused
- Concentration or memory problems
- Repeating the same question/comment

What is Return to Learn?
Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?
Concussion symptoms should be completely gone before returning to competition. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:
It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.
Concussion Information Sheet
Acknowledgement of Receipt

I acknowledge receipt of the Concussion Information Sheet

Student Athlete Signature: ___________________________ Date: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

I have read and understood the contents of the Concussion Information Sheet

Student Athlete Signature: ___________________________ Date: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

over
Random Drug Testing of Students Participating in Interscholastic Athletic Programs
Policy and Procedures

Students participating in Athletics shall be subject to random testing during the entire season.

Students desiring to participate in district Athletics shall first provide their parent/guardian's written consent for urinalysis testing.

Explanation of Terms

Drug: Any substance considered illegal or controlled by the Food and Drug Administration. This includes tobacco products, alcohol, and performance enhancing supplements including steroids. Drug panel to be tested: Methamphetamine, Amphetamine, Phencyclidine, Cocaine, Marijuana, Methadone, Barbiturates, Benzodiazepines, Opiates, and/or Alcohol.

Medication: The parent or guardian must provide verification (prescription information and number to the Medical Review Officer upon phone call) if the drug test is positive. Participants who test positive and refuse to provide verification will be subject to actions and reinstatement process in the policy.

Participant: Any student participating in Athletic Representational Activities sanctioned by and under the control and jurisdiction of the TRINITY ALPS UNIFIED SCHOOL DISTRICT.

Participant Selection for Testing: Random testing will be conducted throughout the season. There will be a random selection of Participants to be tested by the drug testing company. Selection is truly random and TRINITY ALPS UNIFIED SCHOOL DISTRICT employees are not involved in the process of selection.

Positive Test: The Participant's sample will first be tested to determine an initial positive or negative. Any initial positive will be sent to a Substance Abuse & Mental Health Services Administration (SAMHSA) certified lab for further analysis and confirmation. Medical Review Officer (MRO) will contact the parent or guardian to discuss any prescription medication the participant may be taking. Final results will be reported by the drug testing company to the Drug Testing Coordinator designated by the Superintendent. The Drug Testing Coordinator will contact the Principal who will notify the parent or guardian and the Participant of the final lab results. Refusal by a Participant randomly drawn to be tested will be considered a positive result.

Season: Official seasons will be the same as those established by CIF- Northern Section season of sport: fall (July 30 - December 1), winter (November 1 - March 31), spring (February 1-the last day of school).
Action Taken and the Reinstatement Process

First Offense:

1. Student, with parents, guardian, or mentor would be referred for services to the school or to Alcohol and Other Drugs (AOD) for assessment. Student would then return to the school with a treatment plan and/or educational plan at no cost to the school district. This plan shall require proof of a minimum of 12 hours of drug alcohol counseling for the duration of the student’s ineligibility status.

2. The student would be ineligible for participation for one-third of the entire duration of the season. Student would not be able to try out for a team while under the provisions of this policy. Students electing not to attend the referral or follow through with the treatment/education plan will be suspended from athletic activities for not less than nine weeks.

3. Students will be tested at the end of the ineligibility status. A positive test will be a second offense.

Second Offense:

1. The student will be suspended from participation in all athletic activities for two-thirds of the entire duration of the season. Students, with parent, guardian, or mentor would be referred for services to the school or to Alcohol and other Drugs (AOD) for assessment. Students would then return to the school with a treatment plan and/or educational plan at no cost to the district. This plan shall require proof of a minimum of 24 hours of school approved drug alcohol counseling for the duration of the student’s ineligibility status.

2. Students would be removed from their team extra-curricular activity for two-thirds of the duration of the season. Student electing not to attend the referral or follow through with the treatment/education plan will be suspended from team athletic activities for the remainder of the semester and the following semester.

3. Student will be tested at the end of the ineligibility status. A positive test will be a third offense.

Third and Subsequent Offense:

1. Students would be suspended from participating in all team athletic activities for one calendar year from the date of the incident. Students electing not to attend the referral or follow through with the treatment/education plan will be suspended from team athletic activities for the remainder of the semester and the following semester.

2. Students, with parents, guardian, or mentor would be referred for services to the school or to Alcohol and Other Drugs (AOD) for assessment. Students would then return to the school with a treatment plan and/or educational plan at no cost to the school district. This plan shall require proof of a minimum of 36 hours of school approved drug alcohol counseling.

3. Students will be tested at the end of the ineligibility status. A positive test will be a subsequent offense.

Students removed from a team and does not finish the season of sport will lose eligibility for post season awards and honors.

All offenses will be cumulative throughout the student’s athletic career at TRINITY ALPS UNIFIED SCHOOL DISTRICT.
TRINITY ALPS UNIFIED SCHOOL DISTRICT
STUDENT RANDOM DRUG TESTING
(Consent Form)

I,________________________________________ have received, read, understand and agree to abide by the Trinity Alps Unified School District’s drug testing policy and procedures. As a condition of participating in activities in Trinity Alps Unified School District, I agree to provide urine specimens when directed and authorize the district to have the specimens tested for drugs and/or alcohol. I also authorize the release of information concerning the results of such a test to Trinity Alps Unified School District and to my parents/guardians.

Student Athlete Signature:____________________Date:____________________

I,________________________________________ have received, read, understand and agree to abide by the Trinity Alps Unified School District’s drug testing policy and procedures. As a condition of my student’s participation in activities in Trinity Alps Unified School District, I authorize the district to collect urine specimens from my student and authorize the district to have the specimens tested for illegal drugs, synthetic drugs, prescription drugs without a valid prescription, and/or alcohol. I also authorize the release of information concerning the results of such a test to Trinity Alps Unified School District.

Parent/Guardian Signature:____________________Date:____________________

This consent form will remain in effect for the duration of the student’s enrollment within Trinity Alps Unified School District, unless revoked in writing by the parent/guardian.
COVID-19 VOLUNTARY PARTICIPATION LIABILITY WAIVER

IN CONSIDERATION FOR BEING PERMITTED BY THE TRINITY ALPS UNIFIED SCHOOL DISTRICT TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19), DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRU遂 AS A RESULT OF MY PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE DISTRICT (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY, AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICT, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICT (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. BY SIGNING THIS DOCUMENT, I ATTEND MY WILLINGNESS TO CONDUCT A WELLNESS CHECK, INCLUDING A BODY TEMPERATURE CHECK EACH DAY I PARTICIPATE IN THIS ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND SIGN IT OF MY OWN FREE WILL.

Student Athlete Signature: ____________________________ Date: ____________________________

IN CONSIDERATION FOR BEING PERMITTED BY THE TRINITY ALPS UNIFIED SCHOOL DISTRICT FOR MY DAUGHTER/SON TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19), DEATH, OR PROPERTY DAMAGE WHICH MY DAUGHTER/SON MAY HAVE OR WHICH MAY HEREAFTER ACCRU遂 AS A RESULT OF HIS/HER PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE DISTRICT (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, MY DAUGHTER/SON VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICT, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICT (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT MY DAUGHTER/SON MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. BY SIGNING THIS DOCUMENT, I ATTEND MY WILLINGNESS TO CONDUCT A WELLNESS CHECK ON MY DAUGHTER/SON, INCLUDING A BODY TEMPERATURE CHECK, EACH DAY SHE/HE PARTICIPATES IN THIS ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature: ____________________________ Date: ____________________________
TRINITY ALPS UNIFIED SCHOOL DISTRICT
ATHLETIC / ACTIVITY CODE OF CONDUCT

This is the Activity Code under which all athletic activities operate. Students participating in these programs place themselves under this Code. Participation in activities is a privilege, not an inherent right.

Athletic activities are an integral part of our school curriculum and as such must contribute to the well being of all participants. Participants are reminded they represent the school and community and their actions must be a credit to both. All school rules apply in all extra-curricular activities.

The District strongly opposes student or parent sponsored activities that condone or promote the use of tobacco, alcohol, or drugs. Parents are encouraged to make sure their students are not involved in the use of tobacco, alcohol, or drugs.

The Code of Conduct is the set of major rules established primarily for the health and safety of our student-athletes. These rules, listed below, have specific penalties, and are referred to the Principal for enforcement.

Furthermore, conduct detrimental to the school district, depending on severity, may be considered a violation of the Athletic Activity Code of Conduct.

Students must attend school the entire day in order to participate in extracurricular activities, save it be a medical, a school-approved personal/family emergency, or other pre-approved circumstances, to include school-sponsored events, by a school administrator.

1.0 DOCUMENTARY ELIGIBILITY

1.1 Students who participate in extra-curricular activities must have earned a “C” (2.00) GPA from the preceding grading period. Students must also be passing in at least twenty (20) credits of class work in order to be eligible. A Non-Pass grade is equal to an “F”. Night school and summer school credits may be counted towards total GPA.

1.2 Physical examination, parent permission forms, insurance forms, severe-injury forms and other forms as required shall be recorded on file in the School Office before any participation or practice is allowed. Note: Physical examinations are required for all students participating in athletic programs grades 7-12.

1.3 Students are responsible to arrange for a physical examination of his/her own at no cost to the District. Results of the physical examinations shall be recorded on the appropriate District form and shall be renewed after May 1st for the upcoming July 1st school year.

1.4 Parent permission forms and emergency consent forms shall be on file at the school. A signature by a parent or legal guardian is required.

1.5 A prospective athlete shall either secure student insurance or have his/her parent or legal guardian, complete the Statement of Responsibility for Athletic Insurance. Proof of payment for student insurance or the Statement of Responsibility shall be on file at the school.

1.6 High school students who wish to participate in extra-curricular activities must meet all CIF guidelines.

Board Approved: July 14, 2010
Trinity Unified School District

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined or removed from a team if I violate any of it.

Student-Athlete Signature ___________________________ Date _____
Pursuing Victory with Honor
Code of Conduct for Parent/Guardian of Interscholastic Student – Athletes

We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing Victory with Honor according to the six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship, (the “Six Pillars of Character”). This code applies to all parents of student-athletes involved in interscholastic sports.

TRUSTWORTHINESS
• Trustworthiness - Be worthy of trust in all you do.
• Integrity - Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what’s right even when it’s unpopular or personally costly.
• Honesty - Live honorably. Don't lie, cheat, steal or engage in any other dishonest conduct.
• Reliability - Fulfill commitments. Do what you say you will do.
• Loyalty - Be loyal to the school and team; Put the interests of the team above your child's personal glory.

RESPECT
• Respect - Treat all people with respect at all times and require the same of your student-athletes.
• Class - Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
• Disrespectful Conduct - Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
• Respect for Officials - Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY
• Importance of Education - Support the concept of “being a student first.” Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.
• Role Modeling - Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.

• Self-Control — Exercise self-control. Don’t fight or show excessive displays of anger or frustration.
• Healthy Lifestyle — Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-the-counter nutritional supplements, as well as unhealthy techniques to gain, lose or maintain weight.
• Integrity of the Game — Protect the integrity of the game. Don’t gamble or associate with gamblers.
• Sexual Conduct — Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

FAIRNESS
• Fairness and Openness — Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING
• Caring Environment — Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team.

CITIZENSHIP
• Spirit of the Rules — Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be forbidden from attending games or practices if I violate any of its provisions.

Parent/Guardian Name ___________________________ Date ________________

Parent/Guardian Signature _________________________ Date ________________
# Parent/Student Fills Out and Signs

## HISTORY FORM
*(Note: This form to be filled out by the parent prior to the exam.)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sport(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medicines and Allergies:
Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:

Do you have any allergies? □ No □ Yes If yes, please identify specific allergy below.
□ Medicines □ Pollens □ Food □ Stinging Insects □ Other

### GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?

2. Do you have any ongoing medical conditions? If so, please identify:

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

### HEART HEALTH QUESTIONS

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

7. Does your heart ever race or skip beats during exercise?

8. Has a doctor ever told you that you have any heart problems? If so, __________

9. Has a doctor ever ordered a test for your heart? (For example, ECG/ECG, echocardiogram)

10. Do you get lightheaded or feel more short of breath than expected during exercise?

11. Have you ever had an unexplained seizure?

12. Do you get more tired or short of breath more quickly than your friends during exercise?

### BONE AND JOINT QUESTIONS

13. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

14. Have you ever had any broken or fractured bones or dislocated joints?

15. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or sutures?

16. Do you regularly use a brace, orthotics, or other device?

17. Do you have a bone, muscle, or joint injury that bothers you?

18. Do you have any history of juvenile arthritis or connective tissue disease?

### MEDICAL QUESTIONS

19. Do you cough, wheeze, or have difficulty breathing during or after exercise?

20. Have you ever used an inhaler or taken asthma medicine?

21. Were you born without or are you missing a kidney, an eye, a testicle (makes), your spleen, or any other organ?

22. Do you have joint pain or a painful budge or herna?

23. Have you ever had a head injury or concussion?

24. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

25. Do you have headaches with exercise?

26. Do you have a history of seizure disorder?

27. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

28. Have you ever become ill while exercising in the heat?

29. Do you get frequent muscle cramps when exercising?

30. Do you have any problems with your eyes or vision?

31. Have you had any eye injuries?

32. Do you wear glasses or contact lenses?

33. Do you worry about your weight?

34. Are you on a special diet or do you avoid certain types of foods?

35. Have you ever had an eating disorder?

36. Females Only

37. Have you ever had a menstrual period?

### Explain "Yes" answers here:

__________________________________________________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of parent guardian: ____________________________ Date: __________________

---

OVER FOR PHYSICIAN
**PHYSICAL EXAMINATION FORM**

Name: ___________________________ Date of birth: ____________

### EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>□ Male □ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BP</th>
<th>Pulse</th>
<th>Vision</th>
<th>R 20/</th>
<th>L 20/</th>
<th>Corrected □ Y □ N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Genitourinary (males only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Neck</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shoulders/arms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elbow/forearm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wrist/hand/fingers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hip/thigh</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leg/ankle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foot/toes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional/duck-walk, single leg hop</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- □ Cleared for all sports without restriction
- □ Not cleared
  - □ Pending further evaluation
  - □ For any sports
  - □ For certain sports: ____________ Reason: ______________________

Recommendations:

I have examined the above-named student and completed physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Physician (print/type): ___________________________ Date: ____________

Signature of physician: ___________________________ Phone: ____________

*Over For Athlete and Parent*