



EAST VALLEY HIGH SCHOOL/SCIENCE ACADEMY STEM MAGNET ATHLETIC CLEARANCE PACKET

Students who wish to participate in athletics **must** complete all forms prior to participating in try-outs or practices. Fill out all information of each form and include any required ancillary documentation. Any part not completed will cause a delay in eligibility.

The following documents are in the ATHLETIC CLEARANCE PACKET and must be signed by parent/guardian, athlete or both. A new, completed Clearance Packet is required each school year:

- Athlete Information-Parent Consent
- Acknowledgement of Risk & Informed Consent, Athletic Participation Code of Conduct, and Steroid Prohibition
- Concussion Information
- Opioid Information Sheet
- Student Emergency Information Form
- Pre-Participation Physical Evaluation
- Proof of Insurance
- Liability Waiver
- CIF - High School Code of Conduct of Interscholastic Student-Athletes
- CIF Bylaw 524/Steroid Prohibition Use Form
- Sudden Cardiac Arrest Parent Form
- Bullying & Hazing Form
- Uniform Contract
- LAUSD Publicity Authorization Release
- Request for Transportation (optional)

1. **PRE-PARTICIPATION PHYSICAL EXAMINATION (PPE)**

Every student-athlete is required to have a **SPORTS PHYSICAL** (a sports physical is different from a standard annual physical) from a licensed medical doctor. Each PPE must be signed and stamped on page 2 by the MD (medical doctor). If the exam is performed by an NP (Nurse Practitioner) or a PAC (Physician's Assistant), it must be **CO-SIGNED** by the MD. Examinations by Chiropractors are **NOT** acceptable.

2. **PROOF OF HEALTH INSURANCE**

All student-athletes must show proof of health insurance. If a student does not have insurance, limited sport insurance can be purchased at [K and K Insurance](#) through the district.

3. **REQUEST FOR TRANSPORTATION**

This optional form is to be submitted when a parent/guardian wishes to pick-up an athlete at the end of an "away" event. Signed form must be submitted to the athletic director **at least 48 hours in advance of the event**. Each event requires its own request form.

Upon completion, student must submit packet **in person** to Coach Medrano in the Athletic Office at lunch or Coach Greg in the KYDS classroom after school.

***FOR THEIR SAFETY, NO STUDENT MAY TRY-OUT, PRACTICE OR COMPETE WITHOUT A COMPLETED, CLEARED PACKET. ***

Name		Date of Birth	
Address		Grade	
School Last Fall	School Last Spring		Date Entered Ninth Grade
Please check all sports you wish to participate during this year of school. →	Fall Sports (Check One)	Nurse	Winter Sports (Check One)
	<input type="checkbox"/> Cross Country <input type="checkbox"/> Girls Volleyball <input type="checkbox"/> Football <input type="checkbox"/> Cheer	Nurse	<input type="checkbox"/> Boys Basketball <input type="checkbox"/> Girls Basketball <input type="checkbox"/> Boys Soccer <input type="checkbox"/> Girls Soccer <input type="checkbox"/> Cheer
		Nurse	Spring Sports (Check One)
		Nurse	<input type="checkbox"/> Swimming <input type="checkbox"/> Boys Volleyball <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Cheer
		Nurse	Nurse



CIF LOS ANGELES CITY SECTION

Current
School Year

EAST VALLEY HIGH SCHOOL

ATHLETE'S ELIGIBILITY INFORMATION AND PARENT'S CONSENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

As a member of a high school team you have many responsibilities. Among them is remaining eligible or reporting your ineligibility immediately should it occur. The Rules and Regulations Governing Interscholastic Athletics states, "If a school plays an ineligible student, knowingly or unknowingly, in any athletic contest involving team sports - all contests in which the student participated must be forfeited; In individual sports - only the points which the student won must be forfeited." Summarized below are the eligibility rules which you must observe:

- Only students who are amateurs may participate in athletic contests.
- Students on high school teams become ineligible if they play on "outside" teams, in the same sport, during their high school season of the sport.
- For the purpose of this rule, outside competition is prohibited from the opening contest (scrimmage) until the final contest of that sport (league, playoff, or state competition) in which that school is involved, both dates inclusive. The prohibition on playing on outside teams applies to school holidays and vacation periods which occur during the season of the sport.
- To be eligible for an athletic contest a student must be in attendance at school for at least two class hours on the day of the contest exclusive of the lunch hour and the athletic period. A student who is currently enrolled in at least 20 semester periods of work and passed in at least 20 semester periods of work at the completion of the last regular school marking period is scholastically eligible until the completion of the current regular school marking period.
- The legal residence of a student who represents a high school in athletics must have been in the high school district of that school when registering as an entering student. Any student who registers in a school other than the one in whose district the student legally resides in is ineligible to represent that school in athletics unless attending on a permit which carries athletic privileges or on a Statement of Residence. If a Statement of Residence is on file, a student is ineligible to compete in athletics until 20 weeks of attendance have been completed in the new school.
- Students who knowingly fail to provide complete and accurate information regarding eligibility to participate in athletics shall be declared ineligible to represent their school in any sport for up to twenty four months following the date of the discovery of the offense.
- When a bus is furnished to transport athletic teams to contests, only those participants traveling by bus will be eligible to compete. Students assigned to bus travel must return by bus.

Both the applicant student and a parent or guardian must read carefully and sign. If there are any questions, contact the Athletic Director (818) 753-4400.

PLEASE SIGN THE FOLLOWING AFFIRMATION: I am aware of my responsibilities and the regulations governing my participation in connection with the Interscholastic Athletic program. I will so govern myself that my association with the program will bring honor to it and my school, and I shall expect to be asked to withdraw from the activity in case I fail to do so. I agree to withdraw from the activity if requested to do so. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my being declared ineligible.

PLEASE SIGN THE FOLLOWING AFFIRMATION: I hereby grant permission for the above named student - athlete to participate in interscholastic baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track and field, volleyball, wrestling, cheer, dance team, drill team, and marching band including travel to and from athletic contests at other schools or locations. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my student-athlete being declared ineligible.



 _____
  _____
  _____
  _____

Student-Athlete Signature Date Parent Signature Date

ATHLETIC INSURANCE CERTIFICATE


The governing board of each school district of any kind or class shall provide insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least five thousand dollars (\$5000) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code, for injury to members of athletic teams arising while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other places of instruction and the place of the athletic event. *Calif. Ed. Code, Vol I, Part 19, Chapter 2, Article 3, Section 32221 (pgs. 1004, 1005, 1006), Revised 1979.*

Amended 1980. Five thousand dollars (\$5000) insurance protection for medical and hospital expenses resulting from accidental bodily injuries must be provided for each member of an athletic team by the student or his/her parents or guardians through group, blanket policies, etc., or through the insurance carrier for the District. **I certify that this student has at least five thousand dollars (\$5000) protection for medical and hospital expenses with**

 _____
  _____

Name of Insurance Carrier (A valid copy of the Insurance Card must be attached to this form.) Policy or Group Number

to cover injuries incurred while participating in, practicing for, or traveling to and from extramural contests. I understand that the insurance requirement may be met by purchase of school District approved insurance coverage. **I have read and understand the rules above. I hereby grant permission for my son/daughter to participate in interscholastic athletics under these rules.**

 _____
  _____

Parent Signature Date

Name

Date of Birth

Attach a valid
copy
of your Insurance
Card Here

ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT, ATHLETIC PARTICIPATION CODE OF CONDUCT, AND STEROID PROHIBITION FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

Trustworthiness - be worthy of trust in all I do.

Integrity - live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.

Honesty - live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike act.

Reliability - fulfill commitments; do what I say I will do; be on time to practices and games.

Loyalty - be loyal to my school and team; put the team above personal glory.

CARING

Concern for others - demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.

Teammates - help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

Play by the Rules - maintain a thorough knowledge of and abide by all applicable game and competition rules.

Spirit of Rules - honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

RESPONSIBILITY

Importance of Education - be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.

Role-Modeling - Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

Suspension or termination of the participation privilege is within the sole discretion of the school administration.

Self-Control - exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

Healthy Lifestyle - safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

Integrity of the Game - protect the integrity of the game; don't gamble. Play the game according to the rules.



FAIRNESS

Be Fair - live up to high standards of fair play; be open-minded; always be willing to listen and learn.

RESPECT

Respect - treat all people with respect all the time and require the same of other student-athletes.

Class - live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, 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 or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

Respect Officials - treat contest officials with respect; don't complain about or argue with official calls or

decisions during or after an athletic contest.

CIF BYLAW 524 / STEROID PROHIBITION

By signing below, both the participating student-athlete and their parent(s) or legal guardian(s) / caregiver(s) hereby agree that the student shall not use androgenic / anabolic steroids without the written prescription of a fully licensed physician (as recognized by the American Medical Association (AMA)) to treat a medical condition.

We also recognize that under CIF Bylaw 200.D. there could be penalties for false or fraudulent information.

We also understand that the CIF Los Angeles City Section policy regarding the use of illegal drugs will be enforced for any violations of these rules.

ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION

We are aware that play/participation in any sport can be a dangerous activity involving many risks of injury. We understand that the risks and dangers include, but are not limited to, death or paralysis, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. We understand that the dangers and risks of participating in sport(s) also include the high cost of medical care and impairment of the athlete's future ability to earn a living, and engage in other business, social, and recreational activities. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at **EAST VALLEY HIGH SCHOOL**.

Remember, football is a contact sport. As such, parents are encouraged to discuss the medical consequences of playing football with a physician prior to signing the parent authorization for a student to play football. **I have read this advisory and give my consent for my child to play football.**

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, as well as obeying such instructions. **I have read and understand the requirements of this Code of Conduct, I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not. Parents & Guardians, Please Note: Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." Athletic activities to and from places are considered field trips.**



Student-Athlete Signature



Date



Parent Signature



Date

EAST VALLEY HIGH SCHOOL

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|

EAST VALLEY HIGH SCHOOL

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



Opioid Information Sheet

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

What are the risks and side effect of opioid use:

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

Risks are greater with:

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

Be Informed

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

Opioid Information Sheet

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

Never take opioids in greater amounts or more often than prescribed.

Follow up with your primary health care provider within ____ days.

- Work together to create a plan on how to manage your pain.
- Talk about ways to help manager your pain that do not involve prescription opioids.
- Talk about all concerns and side effects.

Help prevent misuse and abuse.

- Never sell or share prescription opioids.
- Never use another person's prescription opioids.

Unless Specifically advised by your health care provider, medications to avoid include:

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

KNOW YOUR OPTIONS

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

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

For current and up-to-date information on opioids, you can go to:

[http: //www .cdc.gov/Opioids](http://www.cdc.gov/Opioids)

Student-athlete Name Printed

Student-athlete Signature

Date



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY INFORMATION FORM

Attachment A

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME		FIRST NAME		M.I.	
BIRTH DATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE	HOME LANGUAGE		
STUDENT'S HOME ADDRESS -- NUMBER	STREET	APT #	CITY	ZIP CODE	
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)	STREET	APT #	CITY	ZIP CODE	
PARENT'S / LEGAL GUARDIAN'S LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WORK ADDRESS -- NUMBER	STREET	CITY	ZIP CODE		
CONTACT NUMBERS		Indicate which phone to call for each message type:*		EMAIL ADDRESS:	
HOME		EMERGENCY	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
CELL		ATTENDANCE	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
WORK		GENERAL INFO	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
TEXT	<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.				
PARENT'S / LEGAL GUARDIAN'S LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WORK ADDRESS -- NUMBER	STREET	CITY	ZIP CODE		
CONTACT NUMBERS		Indicate which phone to call for each message type:*		EMAIL ADDRESS:	
HOME		EMERGENCY	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
CELL		ATTENDANCE	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
WORK		GENERAL INFO	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
TEXT	<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.				
To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:					
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	
List any other family members attending this school:					
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:		Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO		Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Relationship to Student:		Military Branch: Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased	
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT					
The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here)					
hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.					
HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".					
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families					
MEDI-CAL / HEALTHY FAMILIES ID Number:					
1. PRIVATE HEALTH INSURANCE NAME		GROUP NO.	2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)		GROUP NO.
NAME OF DOCTOR / MEDICAL OFFICE			PHONE NUMBER OF DOCTOR / MEDICAL OFFICE		
*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.					
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:					
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:					
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.					
X					
SIGNATURE OF:		(CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN	CAREGIVER (AFFIDAVIT) DATE		

* Selected telephone number must be a direct dial number (no extensions).

Los Angeles Unified School District Pre-Participation Physical Evaluation

ATTACHMENT A

Date of Exam: _____

Student's Name: _____	Sex: _____	Age: _____	Date of Birth: _____	Grade: _____
School: _____	Sport(s): _____			
Address: _____			Phone: _____	
Personal Physician/Provider: _____				
In case of emergency, contact: Name: _____ Relationship: _____				
Telephone: (Home) _____ (Work) _____ (Cell) _____ (Cell) _____				

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

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging insects

This section is to be carefully completed by the student and his/ her parent(s) or legal guardian(s) before participation in interscholastic athletics. Explain Yes answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in a hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> A Heart Infection <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that caused you to miss a practice or game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of food?		
22. Do you regularly use a brace, orthotics or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle or joint injury that bothers you?			FEMALES ONLY		
24. Do any of your joints become painful, swollen, feel warm, or look red?			52. Have you ever had a menstrual period?		
25. Do you have any history of juvenile arthritis or connective tissue disease?			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		
			Explain "yes" answers here:		

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

ATTACHMENT A

Student's Name: _____ DOB: _____
 Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: _____ / _____ (_____ / _____)
 Vision: R 20/ _____ L 20/ _____ Corrected: ☐ Y ☐ N Pupils: Equal _____ Unequal _____

EMERGENCY INFORMATION

Allergies: _____
 Other Information: _____

MEDICAL	Normal	Abnormal Findings
Appearance ● Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat ● Pupils equal ● Hearing		
Lymph Nodes		
Heart ¹ ● Murmurs (auscultation standing, supine, +/- Valsalva) ● Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) ²		
Skin ● HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ³		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional ● Duck walk, single leg hop		

¹ Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

² Consider GU exam if in private setting. Having 3rd party present is recommended.

³ Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.

Clearance

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports: _____

Reason/Recommendations: _____

I have evaluated the above named student and completed the pre-participation physical evaluation. The athlete does not present apparent contraindications to practice, tryout 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 parent. 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).

Name of Physician/ Provider: (print/ type/ stamp) _____ (MD, DO, NP or PA) Date: _____

Address: _____ Phone: _____

Signature of Physician/ Provider: _____

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, 2010.

**EAST VALLEY HIGH SCHOOL
PROOF OF HEALTH INSURANCE**

Student-Athletes Name

D.O.B.

Grade

Address

Sport

Address

Home Telephone

Insurance Carrier

Policy Number

Parent/Guardian Name

Parent Cell Phone

**A VALID HEALTH INSURANCE CARD MUST BE PRESENTED BEFORE
PARTICIPATION IN ANY ATHLETIC PRACTICE OR CONTEST.**

PLEASE SIGN THE FOLLOWING AFFIRMATION:

I certify this student has at least \$1,500.00 insurance protection for medical and hospital expenses. The attached health insurance card serves as verification for said insurance.

Parent/Guardian Signature

Date

LIABILITY ADVISORY

This document is to serve the purpose of providing information to students and parents regarding the participation of students and/or school coaches in out of season activities. The seasons of sport (as defined by CIF) are:

Fall: August - November (football, girls' volleyball, cross country, girls' tennis, boys' water polo, girls' golf)

Winter: November - February (wrestling, basketball, soccer, girls' water polo)

Spring: February - June (baseball, softball, swimming, track and field, boys' volleyball, boys' tennis, boys' golf, lacrosse)

Seasons may be extended due to playoff success. See playoff brackets on www.cif-la.org

The California Interscholastic Federation does not sanction out of season athletic competition. LAUSD schools are not permitted to sponsor or to assist teams that participate in out of season competition, with the exception of the LA Watts Summer Games.

Many students and parents are not aware that out of season competition is not school sponsored because such teams are often composed exclusively of participants who attend the same school, and the school's coach, acting as a private citizen, is coaching the out of season team. In view of the possibility that liability might be incurred by the school district in the event of injury, the LAUSD Athletics Office strongly urges that the school use the enclosed notice to inform parents that the school, the Los Angeles City Section and/or the Los Angeles Unified School District are not responsible for the supervision, transportation, or conduct of these summer athletic competition activities.

Coaches should be made to understand the potential liability that they may be assuming when they act as private individuals in transporting and/or coaching out of season teams. The Athletics Office recommends that the principal or athletic director have each coach sign a statement in which the coach acknowledges that he/she understands the potential liability he/she may be assuming when coaching outside of the sponsorship of the school. Furthermore, that as representatives of the school, coaches will not influence students to participate in out of season programs as a condition or prerequisite for participation during the season of sport.

It is strongly recommended that schools send the following notice to parents and guardians of students involved in the interscholastic athletic program.

NOTICE TO PARENTS/GUARDIANS
OUT OF SEASON TEAMS

EAST VALLEY HIGH SCHOOL does not sponsor any out of season athletic teams, nor do such teams have sanction for these activities from the California Interscholastic Federation, Los Angeles City Section, or the Los Angeles Unified School District. Participation on out of season athletic teams is a voluntary and private activity on the part of students, and is not a requirement for participation on the school's athletic teams during the season of sport. The school is not responsible for the supervision, transportation, or conduct of these out of season athletic competition activities. The school is not responsible for injuries that might occur while participating on out of season athletic teams.

An out of season athletic team may be coached by a regular school employee, however, such coach is not employed by the school in the capacity of an out of season athletic team coach, and the coach is serving either as a private individual or employee of an agency other than the school district.

LAUSD OUT OF SEASON LIABILITY

Parent Signature

Parent's Name (Printed)

Student-Athletes Printed Name

Sport/Season

Coaches Printed Name



CIF – High School

Code of Conduct for Interscholastic Student-Athletes

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character_{sm}”). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. *Trustworthiness* — be worthy of trust in all I do.
 - ❑ *Integrity* — live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what’s right even when it’s unpopular or personally costly.
 - ❑ *Honesty* — live and compete honorably; don’t lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
 - ❑ *Reliability* — fulfill commitments; do what I say I will do; be on time to practices and games.
 - ❑ *Loyalty* — be loyal to my school and team; put the team above personal glory.

RESPECT

2. *Respect* — treat all people with respect all the time and require the same of other student-athletes.
3. *Class* — live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. *Disrespectful Conduct* — don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or **racial** nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. *Respect Officials* — treat contest officials with respect; don’t complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. *Importance of Education* — be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. *Role-Modeling* — Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off

the field. Consistently exhibit good character and conduct yourself as a positive role model. **Suspension or termination of the participation privilege is within the sole discretion of the school administration.**

8. *Self-Control* — exercise self-control; don’t fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
9. *Healthy Lifestyle* — safeguard your health; don’t use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. *Integrity of the Game* — protect the integrity of the game; don’t gamble. Play the game according to the rules.

FAIRNESS

11. *Be Fair* — live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

12. *Concern for Others* — demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
13. *Teammates* — help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. *Play by the Rules* — maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. *Spirit of rules* — honor the spirit and the letter of rules; 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. I understand that I’m expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student-Athlete Signature

Date



CIF LOS ANGELES CITY SECTION

CIF BYLAW 524/STEROID PROHIBITION USE FORM

Print Name of Student-Athlete

Birthdate

School

As a condition of membership in the 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 prescription 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 could be penalties for false or fraudulent information. We also understand that the CIF Los Angeles City Section/Los Angeles Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Athlete

Date

Signature of Parent/Caregiver

Date

This Form must be part of the Athlete's packet

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

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.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

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're 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.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

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.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- ☐ Fainting or seizure, especially during or right after exercise
- ☐ Fainting repeatedly or with excitement or startle
- ☐ Excessive shortness of breath during exercise
- ☐ Racing or fluttering heart palpitations or irregular heartbeat
- ☐ Repeated dizziness or lightheadedness
- ☐ Chest pain or discomfort with exercise
- ☐ Excessive, unexpected fatigue during or after 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, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

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—the number one warning sign of a potential heart condition. 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. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

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 SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>





NO BULLYING or HAZING CONTRACT

Student and Parent/Guardian Agreement

Bullying and hazing are serious matters. **Bullying** is any mean or disrespectful behavior that is done on purpose to hurt someone physically or emotionally. **Hazing** is any initiation into a team or group that may cause humiliation, physical or emotional harm.

There are different types of bullying and misconduct including, but not limited to:

Physical Bullying: hitting, kicking, pushing or other unwelcome physical contact. *Serious physical bullying may be regarded as a criminal act, such as battery or assault.*

Cyberbullying: using electronic devices to embarrass, spread rumors, threaten or intimidate. This includes posting or sending inappropriate messages or images by text, cell phone or on social networking sites such as Facebook, Instagram or Twitter. *Sending nude or sexual images may be considered distribution or possession of child pornography, which is a crime.*

Social Bullying: leaving people out, rejecting, manipulating relationships, rating or ranking people, or trying to ruin the reputation of another.

Verbal Bullying: name calling, teasing, spreading hurtful rumors or gossip, making threats or rude noises. *I understand that all threats are taken seriously and may be reported to law enforcement.*

Non-Verbal Bullying: posturing, dirty looks, stalking, damaging property, graffiti, making gang signs or other efforts to intimidate or pressure someone.

Indirect Bullying: getting someone to do something mean or hurtful to someone else on your behalf.

Sexual Harassment: any unwanted or demeaning behavior about someone's sex, sexual orientation, gender, gender identity or gender expression. *Even if I like the person I must be respectful at all times. Sexual harassment may require additional investigation.*

Discrimination: targeting someone based on their real or perceived race, color, national origin, religion, disability or medical condition, sex, sexual orientation, gender, gender identity or gender expression may be considered an act of hate and may be a crime.

I, _____ understand that it is my responsibility to:

STUDENT NAME

- ✓ Respect and honor all school rules.
- ✓ Conduct myself in a respectful manner.
- ✓ Treat and respect others the way I would like to be treated.
- ✓ Tell the person who is bullying to "Stop!"

- ✓ Stop now, if I am bullying others. There are better ways to be a leader, get respect, and have friends.
- ✓ Be thoughtful. What I think is just a joke could be considered bullying, hazing or discrimination.
- ✓ Report bullying to a teacher, principal or other school staff.

Everyone has the right to attend a school that is safe and respectful.

Student's responsibility:

I commit that I will not bully. I will report bullying to an adult. I understand that if I bully, there will be consequences, including possible suspension, expulsion, or arrest. **I am important. I make a difference. I can be a positive leader.**

STUDENT NAME

SIGNATURE

DATE

Parent/Guardian's responsibility:

I commit to encouraging my child to always respect others. I have instructed my child to be a positive leader. I have advised my child to report any bullying to a trusted adult or school personnel. I will work with the school for peaceful solutions.

PARENT/GURDIAN NAME

SIGNATURE

DATE

6.27.12 rev

**EAST VALLEY HIGH SCHOOL
STUDENT-ATHLETE UNIFORM CONTRACT**

At the beginning of each athletic season all student-athletes will be issued a school purchased uniform for his/her team. No pupil fees should be required for participation and no mandatory fundraising is allowed. Each student-athlete is responsible for returning the team issued uniform clean and in good repair, within one week of the conclusion of the season.

UNIFORM GUIDELINES

1. Student-athletes must keep the uniform number they are assigned at the beginning of the season and at no time may they change their uniform with a teammate without permission of the coach.
2. Student-athletes must wash and care for their uniform after each contest. **(Please launder uniform according to directions on tag. Wash all uniforms in COLD water).**
3. At no time may a student-athlete alter or change the original shape or form of the uniform.
4. If I fail to return any piece of the uniform assigned to me or if I return the uniform damaged, I understand that I will pay **EAST VALLEY HIGH SCHOOL** the full dollar amount of the uniform, or if required, a cleaning fee.
5. I understand that if I have not returned a uniform(s) or paid what I owe then I forfeit my opportunity to participate in school activities and/or participate with any extracurricular club or athletic team. Including, but not limited to: school dances, athletic teams, intramural sports, field trips and graduation ceremony. The school may also withhold grades, transcripts, and diploma.

I have read and understand the above stated uniform policies and recognize that any failure to return the uniform to my coach at the end of the season will result in my being charged replacement cost of the uniform or complete a restitution process as established by EAST VALLEY HIGH SCHOOL.

Student-Athlete Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Team: _____ Level: _____ Coach: _____

Student-Athletes Name: _____ D.O.B. _____

Uniform Number/Size: _____ Uniform Bottoms/Size: _____

Other Issued Uniform Item(s): _____

Cost of Uniform: \$ _____

I agree to voluntarily fundraise/pay for a customized or personalized uniform.

☐ Yes ☐ No

Parent's Signature

Date



**Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent of guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City

8. State

9. Zip Code

10. Telephone

Granting of permission is voluntary. Please return completed form to school.

11. Principal

**Approved as to form by the
Office of the General Counsel.**

12. School

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information

Los Angeles Unified School District
Science Academy STEM Magnet
5525 Vineland Ave. North Hollywood, CA 91601
website: thescienceacademystemmagnet.org/
Phone: (818) 753-4470

Austin Beutner
Superintendent of Schools

Linda Del Cueto
*Superintendent
Local District Northeast*

Carlos Lauchu
Principal

Request for Transportation Other than Team Bus

FORM MUST BE SUBMITTED TO ATHLETIC DIRECTOR AT LEAST 48 HOURS BEFORE EVENT

To: East Valley High School/Science Academy STEM Magnet

Date: _____

As the parent/guardian of _____ who is a member of the _____ Team,
I am requesting that my son/daughter be allowed to not travel by school bus from the following event:

East Valley/Science Academy STEM Magnet vs. _____

On the following date(s): _____ due to/because: _____

1) Full legal name of person who will be transporting student: _____

Relationship to student: _____ Is this person over 18 years of age? _____

*(Person must be in possession of a picture I.D. - available upon request for identification. *LAUSD does not authorize the use of student drivers to transport another student even if they are 18 years of age.)*

2) Phone contact number of driver: _____

By signing below: You are stating that you understand that this request will not be approved until a school official has contacted the parent to verify the request and that a minimum of 48 hours is needed to process this request and you understand the following CIF Rule: 604-1 When a bus is furnished to transport athletic teams to contest, only those participants traveling by bus will be eligible to compete. Students assigned to bus travel must return by bus. Travel by private car is not permitted unless specifically approved in writing by the Principal/designee of the school and must be done prior to the event. This notification may need to be made available to opposing school, if requested. If there are any students that have been approved to take private transportation, the team coach or other supervisory personnel from the sending school must arrive at the playing site at the same time or prior to, the student athletes. In LAUSD, if a student does not travel by the bus provided and has not received prior permission in writing from the Principal/designee, and subsequently participates in the contest, the student shall be considered an ineligible athlete, and forfeiture rules will apply.

I understand that CIF rules dictate that all students competing in any event must wear their complete uniform.

Student Signature: _____

Date: _____

Printed Parent/Guardian Name: _____

Contact number _____

Parent/Guardian Signature: _____

Date: _____

Office use only:

School Administrator's (or Designee) Approving Signature & Stamp

Date: