

**Los Alamitos High School
Athletic Clearance Packet
2011 – 2012**

Attached are the necessary forms that need to be completed and turned into the Activities Office prior to the start of the season of sport. Please use the checklist provided below to assure that all the necessary forms are completed and attached. Only completed packets will be accepted. **Packets are to be turned in directly to the Activities Office!** If you have any questions, please contact the Activities Office at (562) 799-4780 ext. 82234.

Season of Sport Deadlines

Fall – June 15, 2011

Football
Boys Water Polo
Girls Golf
Girls Tennis
Girls Volleyball
Boys & Girls Cross Country

Winter – October 14, 2011

Boys Basketball
Girls Basketball
Boys Soccer
Girls Soccer
Girls Water Polo
Wrestling

Spring – January 20, 2012

Baseball
Boys Golf
Softball
Boys & Girls Swim
Boys & Girls Dive
Boys Tennis
Boys & Girls Track
Boys Volleyball
Boys Lacrosse
Girls Lacrosse

Name of Athlete _____

Sport _____ Level _____

Please use the columns below to check that the following items are completed and attached.

	<u>Parent</u>	<u>Office</u>
Emergency Card	_____	_____
Physical (with doctor stamp)	_____	_____
Copy of current Health Insurance card	_____	_____
Code of Conduct	_____	_____
6th period release form	_____	_____
Student driving form	_____	_____
Adult driving form	_____	_____

For Office use only:

Date submitted: _____ GPA: _____ Approved for Sport: _____

Los Alamitos Unified School District

Co-Curricular Activity Medical Clearance / Emergency Treatment / Medications Administration

School Year: 2011 - 2012

Name Last First Initial Birth Date

School Los Alamitos High School Grade Male Female

Sport/Activity

Home Address City Zip Home Phone Father's Work Mother's Work Father's Cell / Pager Mother's Cell/Pager

If parent cannot be reached contact:

Name City Relationship Phone

Name City Relationship Phone

Student's Physician Address City Phone

Health Insurance Policy# Name of Insured (Including Myers-Stevens/Great Republic/MediCal) (Required by law)

Authorization for Treatment

I/We, the undersigned parent(s), or guardians(s); of the above-named student-athlete of Los Alamitos High School, do hereby consent, in advance, to any X-ray, examination, anesthetic, medical or surgical diagnosis, or treatment (Medical or Dental) which is deemed advisable by, and is to be rendered either by or under the direction of, any available physician(s) (holding a license to practice in the state of California), whether such activity is performed at the school, at the doctor's office, at the hospital, or other place, when such medical service is necessitated by the student-athlete's participation in the school's athletic program.

It is understood that this authorization I given in advance of such X-ray, examination, diagnosis or treatment and that neither the school,, nor any school representatives, nor the physician involved, assumes any financial responsibility for exercising this action.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions to the above

This authorization shall remain effective for this current school year – September 1 through August 31.

Declaration for Mandatory Medical/Hospitalization Insurance for Athletics

I/We understand that Education Code 32221 requires that a member of a school athletic team, a student selected by the school to directly assist in the conduct of an athletic event or students participating in specified co-curricular activities must have at least \$1,500 hospitalization and medical insurance coverage.

Parent / Guardian Signature

Date

Birth Date: _____

Last First Initial

School Year: 2011 - 2012

Does your child have any of the following? Allergies _____

Life Threatening? Yes No Benadryl needed? Yes No EpiPen Needed Yes No

Diabetes Insulin Pump Yes No Glucagon Yes No

Extra Snacks Yes No Seizures Asthma Inhaler Needed Yes No

Headaches Menstrual Cramps Pain medication needed for these? Yes No

Other Medication that we should be aware of _____

Any special Instructions: _____

Medication for Co-curricular Activities (Only medication listed here may be carried by the student and taken during school-sponsored co-curricular activities. A copy of these orders must be carried with the medication at all times – a Xerox copy is acceptable.)

Name of Medication	Dose	Frequency	Reason for Medication

(Controlled substances such as Ritalin, Adderall, etc must be carried and administered by a school-designated adult.)

I, _____ have read the medication procedure and agree to follow it. I will carry only the medication listed above, in an appropriately labeled container. I will take any medication responsibly and will keep it in my activity bag. I WILL NOT SHARE IT OR GIVE IT TO ANY OTHER STUDENT OR INDIVIDUAL. I understand that I will lose the privilege of carrying medication and self administering my medication if there is any incidence of misuse or abuse.

Student Signature Date

Parent Signature Date

Medical Clearance

- I have examined the above-named student and feel that he/she is physically capable of participating in competitive interscholastic athletics.
- The medication listed above, with the exception of controlled substances, is to be carried by the student for administration during co-curricular activities.

Physician's Signature
Physician's Office Stamp (mandatory)

Medical License Number

Date

(Physician's signature needed for all medication orders and sports physical clearance. Not necessary for field trips.)

CODE OF CONDUCT
for Athletics, ASB, Performance & Competition Groups

An important aspect of high school athletics and activities is learning behavior appropriate to circumstance. Athletes, ASB members, performance and competition groups often represent the school publicly, causing their behavior to be subject to more than the usual scrutiny. Keeping in mind that participation in extra-curricular activities is a privilege and not a right, some behaviors are subject to standard consequences, including removal from the program.

I. The Following Rules & Consequences Apply to Athletes, ASB, Performance & Competition Groups

DRUGS, ALCOHOL, CONTROLLED SUBSTANCES OR INTOXICANTS OF ANY KIND

Unlawful possession use, sale, transportation or provision of drugs, alcohol, intoxicants or any controlled substance pursuant to Ed. Code 48900C at school, going to and from school, or at a school event shall result in immediate removal of the student from all athletic teams, ASB, performance and competition groups for a period of nine weeks or the season of sport/activity,** whichever is greater.*

* Possession of alcohol, drugs, intoxicants or a controlled substance is a serious offense. The term "possession" is so broad that it covers certain cases where you may not have physically touched or you may have had only momentary contact with the alcohol, drugs, intoxicants or controlled substance. You need only have a small degree of control over the situation, i.e., the ability to leave. In short, if you are in the presence of alcohol, drugs, intoxicants, or a controlled substance, you may be charged with unlawful possession.

** Each sport, ASB, performance and competition group defines in writing its "season of sport/activity."

Note: Parent support for this Student Code of Conduct is crucial to its success. Parents who directly or indirectly participate in providing alcohol to students and/or knowingly permit students to drink alcohol are a major concern. These parents are potentially responsible for the adverse consequences to their own child, as well as to the group he/she represents.

II. The Following CIF Rules & Consequences Apply to Athletes:

INTERACTION WITH OFFICIALS

If an athlete physically assaults an official, the athlete shall be banned from interscholastic athletics for the remainder of the student's eligibility. *(CIF Blue Book Sect. 522)*

UNSPORTSMANLIKE CONDUCT

If an athlete is ejected from a game for any reason, (unsportsmanlike conduct, fighting, etc.), the athlete shall be prohibited from participating in the next contest. *(CIF Rule)*

In addition, many teams, ASB, performance & competition groups have their own written standards for participation for which a student may be suspended or removed from the program.

(Continued on back)

Detach and return signed form to the coach/advisor

I have read the Athletic/Activities Code of Conduct and I will abide by the code.

Student Signature

Parent/Guardian Signature

Coach/Advisor

Date

ELIGIBILITY

All students must be living with the parent/guardian within the boundaries of the school attendance area. If not, the student must be eligible under an interdistrict permit.

ALL STUDENTS (except ASB)

Los Alamitos Unified School District Board Policy 214 provides that participants with less than a 2.0 average for the last semester grade period are placed on "Academic Probation" for the subsequent semester. Students on Academic Probation will work with school staff to monitor progress and provide guidance and support. Two semesters of less than a 2.0 average will result in ineligibility for the subsequent semester and continue until a 2.0 average is attained. During the four high school years, no student will be placed on academic probation more than once.

ASB

Students elected or appointed to ASB offices have a more stringent academic eligibility requirement. The ASB President and the ASB Vice-President must have a cumulative 3.0 GPA in order to run for office and then must attain at least a 3.0 each semester beginning the semester they are elected. Students elected or appointed to all other ASB positions must have a cumulative 2.5 GPA in order to run for office and then must attain a 2.5 at each semester beginning the semester they are elected or appointed. There is no provision for academic probation for students enrolled in ASB.

ATHLETES

Athletes must have passed a minimum of 20 units during the previous semester grading period. Only 5 units can be in physical education. *(CIF Rule 204)*

Athletes must be currently passing 20 units of class work. Students not passing the required 20 units at the six-week intervals will be ineligible the next six weeks. *(CIF Rule 204)*

Before a student can participate in a sport, he/she must have a clearance from the athletic director stating the student athlete has a physical exam, health insurance, parent consent form, and has signed the Code of Conduct Form. *(CIF Rule 306)*

**Los Alamitos High School Athletics
Sixth Period Release Form**

Students who play sports are enrolled in sixth period athletics, which runs daily from 1:36-2:30pm. In some sports, multiple teams require the use of the same facility, which forces teams to have a variety of practice times. In the spring, several teams begin practice for the next school year, while others finish out the school year. In an effort to meet the needs of all the programs, the school provides an early release form, which enables students to leave campus at 1:30pm. This process gives the students extra time for studying, especially if the student must return for an evening practice or game. Each of these signed forms is kept on file by the varsity head coach of respective programs. If a parent does not give consent for a student to leave, the student is required to remain in the athletic area until 2:30pm.

Student Name _____ Sport _____

I hereby give permission for my son/daughter to leave school at 1:30pm. I understand he/she must leave campus at this time or report to the athletic area on campus.

Parent Name _____ Signature _____

Coach Initiated/Coach Signature _____

Administrator Signature _____

**Practice Schedule Attached*

DRIVER INSTRUCTIONS

When using your vehicle to transport students on field trips or other school activity trips:

1. Be sure that you have registered with the District for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by Regulation 2018.
2. Check the safety of your vehicle: tires, brakes, lights, horns, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with the law.

Note: SB 7 (Ch. 425, Statutes of 2007) added Health and Safety Code 118947-118949 to make it unlawful for a person to smoke in a motor vehicle in which there is a minor; see accompanying administrative regulation.

5. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
6. Obey all traffic laws.
7. Take the most direct route to the destination or event without unnecessary stops.

In case of emergency, keep all students together and call 911 and the District Office.

LOS ALAMITOS UNIFIED SCHOOL DISTRICT

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Participant's Name (please print): _____

Waiver: In consideration of being permitted to ride in a personal (non-District) vehicle to, from, or during the voluntary field trip to _____ [insert location] on _____ [insert date] (hereinafter called "The Activity"), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Los Alamitos Unified School District, its Board members, officers, employees, and agents from liability from any and all claims including the negligence of the Los Alamitos Unified School District, its Board members, officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Parent Signature

Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation and that of my child is voluntary, and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Los Alamitos Unified School District, its Board members, officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent Name (Print)

Parent Signature

Date

Adults must fill out this form in order to transport other students.

SCHOOL DRIVER REGISTRATION FORM

DRIVER INFORMATION

Driver (circle one): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____

Telephone: (____) _____ Cell Phone: (____) _____

Driver's License No.: _____ Expiration Date: _____

Drivers license must be valid at all times when driving students.

VEHICLE INFORMATION

Name of Owner: _____

Address: _____

Make: _____ Year: _____ License Plate No.: _____

Registration Expiration: _____ Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____ Telephone: (____) _____

Policy No.: _____ Expiration Date: _____

Liability Limits of Policy: _____

Minimum allowed to transport students by private automobile is liability insurance \$300,000.00 per occurrence.

DRIVER STATEMENT

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I certify that I have received and will abide by the driver instructions provided by the District, including Board Regulation 2018.

Name: _____ Date: _____