

# Vacaville Unified School District

## Athletic Clearance Form (High School)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
School attended last semester: \_\_\_\_\_

**TO PARENTS OR GUARDIANS:** You are requested to sign this participation form in order that the student concerned may engage in an extracurricular activity. The board of Education deems many of these extracurricular activities to be worthy for students but does not require them of students. These activities are voluntary on the part of the students and a signed participation form is necessary before participation.

**TRANSPORTATION:** Most transportation to athletic contests outside of Vacaville will be provided by the District in district approved buses or vans. Transportation to practices and competitive events within city limits for most sports, however will be the responsibility of the parents. Parents need to be aware that the transportation and drivers they select are not to be considered agents of the Vacaville Unified School District and are not covered by district insurance. We suggest that you investigate the insurance coverage of these drivers and insist that your student is in a set equipped with a seat belt.

**PARENT AUTHORIZATION:** In signing this form I/we are aware that this activity is an extracurricular activity held under school supervision. It is not a required activity. I/we understand that Board of Education, the school district or its employees will not be held liable for injuries resulting from participation of my child in this activity or from transportation related thereto.

### INTERSCHOLASTIC ATHLETIC INSURANCE COVERAGE CERTIFICATION

Before your son/daughter is eligible to participate in interscholastic athletics, insurance coverage (\$15,000 minimum) according to Education Code Section 32220-24 must be obtained by you for the student who expects to participate. Please read carefully the following affidavit, and if you presently have the required insurance coverage for your student, sign this affidavit. You may choose to purchase the required insurance. Check which insurance option you choose.

A ☐ I, \_\_\_\_\_ do hereby declare that \_\_\_\_\_ is insured in accordance with Education Code through:  
COMPANY NAME (Medical Policy): \_\_\_\_\_ POLICY NO: \_\_\_\_\_

**Or**

B ☐ I am purchasing athletic insurance. **Please see the school's athletic director for more details.**

☐ ALL SPORTS (Other than Football ) ☐ FOOTBALL ONLY

I further understand that the aforesaid law requires that the above coverage apply to members of athletic teams and non competitors who perform duties in connection with inter-school athletic events while such persons are engaged in or preparing for athletic events promoted under the sponsorship or arrangement of the school district or student body association and/or while such persons are being transported by or under the sponsorship of the school district or student body association to or from school or other place of instruction and the place of the event.

**I understand that I must maintain this insurance or notify in writing the athletic director of cancellation.**

#### FALL

#### WINTER

#### SPRING

CHECK SPORTS YOU PLAY: ☐ Cross Country ☐ Volleyball ☐ Basketball ☐ Baseball ☐ Badminton  
☐ Football ☐ Girls Tennis ☐ Wrestling ☐ Boys Tennis ☐ Boys Golf  
☐ Girls Golf ☐ Boys Soccer ☐ Swim/Dive ☐ Girls Soccer  
☐ Cheer ☐ Water Polo ☐ Softball ☐ Track/Field

## GENERAL RULES:

- Athletes must have a 2.00 G.P.A. in order to participate in any athletic event. Ineligibility is for one grading quarter. School District policy states that the ineligibility /eligibility quarter begins on the Monday after grades are turned in by the teachers.
- Athletes suspended from school for being in possession, use, or under the influence of alcohol or illegal drugs will be dropped from the team for the duration of that sport.
- If an athlete tries out for a sport and finds that he/she does not have the ability or just does not like the sport and wishes to change to another sport, he/she must get a release from the coach of first sport before he/she can take part in another sport during that same season.
- Athletes are not allowed to practice or compete on an outside group or team in the same sport during the high school season of that sport unless the sport season is outside the CIF season of sport
- Athletes are required to attend all their school sponsored games and practices. Participation in Club sports is not considered to be an excuse for not attending school sponsored games and practices.
- Athletes are responsible for all equipment and uniforms issued to them. Equipment and uniforms must be returned at the end of the season in good condition or be paid for. Students with a debt obligation will not be allowed to participate.

My signature below indicates that I understand these rules and their consequences.

### AGREEMENT TO OBEY INSTRUCTIONS, RELEASE. ASSUMPTION OF RISK, AND HOLD HARMLESS

- A. I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) may result in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social business, social and recreational activities, and generally enjoy life.
- B. Because of the danger of participation in the above sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and to obey such instructions.
- C. In consideration of the Vacaville Unified School District permitting me to try out for sports and to engage in all activities related to the team, including, but not limited to, trying out, practice or playing/participating in that sport, I assume all risks associated with participating and agree to hold the Vacaville Unified School District, it's employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind or nature whatsoever which may arise by or in connection with my participation in any activities related to the athletic team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.
- D. My signature on this affidavit signifies that I, the parent/guardian of the athlete, will assume the cost of ambulance service in the case of emergency. I understand the school does not pay for ambulance service.

THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ THESE PAGES CAREFULLY AND SIGN IF THERE ARE ANY DOUBTS, QUESTIONS, OR UNCERTAINTY, CONTACT THE APPROPRIATE ATHLETIC DIRECTOR AT THE HIGH SCHOOL.

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Signature of Parent/Guardian

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Date

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Signature of Student

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Date

**BUCKINGHAM CHARTER MAGNET HIGH SCHOOL  
ATHLETIC EMERGENCY FORM**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_ POLICY NO. \_\_\_\_\_  
(Name of company)

PARENT/GUARDIAN EMPLOYER \_\_\_\_\_/\_\_\_\_\_

PLEASE LIST ALL DRUGS/MEDICATIONS THAT YOUR CHILD IS ALLERGIC TO

\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT'S EMAIL ADDRESS: \_\_\_\_\_

STUDENT'S EMAIL ADDRESS: \_\_\_\_\_

IN THE EVENT YOU CANNOT BE REACHED, WE SHOULD CONTACT THE FOLLOWING:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby give my consent for the above named student to compete in the Athletic Program(s) at Buckingham Charter Magnet High School. I authorize my student to travel on district transportation or by an approved employee/volunteer vehicle, and to be supervised by a representative of the school on any trip. In case of an emergency and my student becomes ill or is injured, the representative of the school is authorized to have my student medically treated and I authorize all such care and treatments.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# Vacaville Unified School District

## SPORTS PHYSICAL EXAMINATION FORM

### PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)

LAST NAME		FIRST NAME		GRADE
BIRTHDATE	FALL SPORT	WINTER SPORT	SPRING SPORT	STUDENT ID NUMBER

### PART 1 -- HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)

	Yes	No	Has this student had:		Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?	16.	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring medical care or treatment?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?	17.	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back pain or injury?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations or Surgeries?	18.	<input type="checkbox"/>	<input type="checkbox"/>	Knee pain or injury?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, psychiatric, or neurologic condition?	19.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow pain or injury?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?	20.	<input type="checkbox"/>	<input type="checkbox"/>	Ankle pain or injury?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?	21.	<input type="checkbox"/>	<input type="checkbox"/>	Other joint pain or injury?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?	22.	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or significant or severe shortness of breath during or after exercise?	23.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Does this student presently:</b>
9.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?	24.	<input type="checkbox"/>	<input type="checkbox"/>	Wear eyeglasses or contact lenses?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?	25.	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces or plates?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Potential concussion or loss of consciousness?	26.	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? (List below):
12.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems managing or responding to heat?	27.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Further history:</b>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Racing heartbeat, skipped or irregular heartbeats, or heart murmur?	28.	<input type="checkbox"/>	<input type="checkbox"/>	Birth defects (corrected or not)?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures or seizure disorders?	29.	<input type="checkbox"/>	<input type="checkbox"/>	Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Severe or repeated instances of muscle cramps?				Parent or grandparent requiring treatment for heart condition less than 50 years of age?
							Been seen by a physician on an emergency or urgent basis in the last 12-months?

Date of last known tetanus (lockjaw) shot: \_\_\_\_\_ Date of last complete physical examination: \_\_\_\_\_  
Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):

**PARENT/GUARDIAN'S AUTHORIZATION:** I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be performed by District volunteers, I understand the evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider.

PRINT NAME OF PARENT OR GUARDIAN		SIGNATURE OF PARENT OR GUARDIAN	
ADDRESS		WORK PHONE	HOME PHONE
REGULAR PHYSICIAN'S NAME		OFFICE PHONE	

### PART 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

	NORMAL	ABNORMAL (Describe)	(May be contained on Provider's Form)
Eyes/Ears/Nose/Throat			Height: _____ Weight: _____
Heart, lungs, pulmonary function			Pulse: _____ After Ex: _____
Abdomen, genital/hernia (males)			BP: _____
Skin and Musculoskeletal:			<b>Recommendation:</b>
a. Neck/Spine/Shoulders/Back			<input type="checkbox"/> Unlimited participation
b. Arms/Hands/Fingers			<input type="checkbox"/> Limited participation/specific sports, events or activities
c. Hips/Thighs/Knees/Legs			<input type="checkbox"/> Clearance withheld pending further testing/evaluation
d. Feet/Ankles			<input type="checkbox"/> No athletic participation
Neurologic Screening Exam (NSE)/			One of the above MUST be checked.
Concussion Screening Evaluation (only if needed based on above info.)			
<b>Comments:</b>			
PRINT NAME OF PHYSICIAN		PHYSICIAN'S SIGNATURE	DATE



## **AGREEMENT FOR TEAM PARTICIPATION**

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities  
Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

*Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form*

Student:	Address:
Grade:	DOB:
School:	Telephone:
Team(s):	

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities ("Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider.

In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: **Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the District.** Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/Medical. If this option is selected, please provide \_\_\_\_\_ (Name of Insurer/Provider) and \_\_\_\_\_ (Policy number/Identifying number), \_\_\_\_\_ (list coverage dates or “continuous”). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221.

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District] and, if no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student’s name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

**AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

<b>Printed Name of Parent/Guardian</b>	<b>Signature</b>	<b>Date</b>
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As the Student, I understand and agree to all of obligations placed on me by this Agreement.

<b>Printed Name of Student</b>	<b>Signature</b>	<b>Date</b>
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## **VACAVILLE UNIFIED SCHOOL DISTRICT** **CONCUSSION AND HEAD INJURY** **INFORMATION SHEET**

Student:		Address:	
Grade:		Telephone:	
School:	School Year:	DOB:	

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance/marching band, but excluding PE courses for credit), the student and his/her parent/guardian must review and execute this Concussion and Head Injury Information Sheet ("HIIS"). The HIIS is good for one academic year (Fall - Spring) and is applicable to all athletic programs in which the Student may participate.

### **IMPORTANT INFORMATION REGARDING CONCUSSIONS**

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement. In addition, if the medical care provider determines the Student suffered a concussion **or** a head injury, the Student shall complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek an evaluation by a licensed health care provider even if the student does not immediately describe or show symptoms of a concussion (headache, pressure in the head, neck pain, nausea/vomiting, dizziness, blurred vision, sensitivity to light/sound, feeling "slow"/"foggy," difficulty with balance, concentration, memory, confusion, drowsiness, irritability, emotionality, anxiety, nervousness, or falling asleep). A student with any of these symptoms should be taken immediately to a health care facility. If a parent/guardian is not immediately available to make health care decisions, the District reserves the right to take the student to an emergency/urgent care provider for evaluation or treatment in keeping with the medical care authorization contained in the Agreement for Team Participation

Dated: _____	Dated: _____
Student _____	Adult _____
Signature _____	Signature _____



## Parent/Guardian and Pupil Sudden Cardiac Arrest Warning Signs and Symptoms Information and Acknowledgment Form

On July 1, 2017, Assembly Bill 1639, known as the Eric Paredes Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form or design their own form to use. An SCA acknowledgment form must be signed and returned to the school site each school year.

### What Is SCA?

SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

### Who Is at Risk for SCA?

Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death of youth under the age of 25 and the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or symptoms but student athletes neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

### Possible Warning Signs 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

### Removal from Activity

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a licensed health care provider.

I have reviewed and understand the symptoms and warning signs of SCA.

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Print Student-Athlete Name	Signature Student-Athlete Name	Date
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Print Parent/Guardian Name	Signature Parent/Guardian	Date
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The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/>), Eric Paredes Save a Life Foundation: Keep Their Heart in the Game (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>).





# Pursuing Victory With Honor<sup>sm</sup>

## ***Code of Conduct for Student-Athletes***

***CIF Member School:*** \_\_\_\_\_

*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<sup>sm</sup>”). 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 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**

- ***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 event.

## 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 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, drugs and performance-enhancing supplements 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.

## 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.

*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.*

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**Student-Athlete Signature**

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**Date**

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*"Pursuing Victory With Honor" and the "Six Pillars of Character" are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics. For more information on promoting character education and good sportsmanship, visit [www.charactercounts.com](http://www.charactercounts.com).*

# Pursuing Victory With Honor\*

## Code of Conduct for Parents/Guardians

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character”<sup>SM</sup>). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child’s sports experience.

### 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 of 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.*

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Parent/Guardian Signature

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Date

## VACAVILLE UNIFIED SCHOOL DISTRICT

# **VOLUNTEER PERSONAL AUTOMOBILE USE FORM**

**[One Form Required for Each Driver to be Approved]**

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

### **REQUIRED INFORMATION**

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

**We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page.** Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, **please also be advised**, that pursuant to Insurance Code Section 11580.9(d) and Vehicle Code Section 17150, in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

### **VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS**

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the Vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Administrator**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**