

PARLIER HIGH SCHOOL  
ATHLETIC HANDBOOK

2018-2019



PRIDE HONOR SUCCESS

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Visit the Parlier High School website at [www.parlierunified.org](http://www.parlierunified.org)  
This Handbook as well as other important documents will be available to download

## **Our Athletic Program**

Parlier High School takes pride in the Athletic Program. We strive for excellence and participation on all athletic teams. We have an excellent group of highly qualified coaches who are excited about working with all student athletes at Parlier High School. We are proud to offer the following sports at PHS:

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Volleyball	Basketball	Baseball
Football	Wrestling	Softball
Cross Country	Soccer	Track

### **League Affiliation**

Parlier High School is a member of the Interscholastic Federation's Central Section, and is a part of the West Sequoia League Conference.

### **Objectives and Expectations of Our Athletic Program**

Parlier High School's interscholastic program is structured to implement a qualitative educational experience, which will contribute to the growth and development of all athletic participants.

Our Athletic Program at Parlier High School will assist students in creating good habits, attitudes, and sportsmanship that is necessary in today's competitive society.

Every student at Parlier High School will be given the opportunity to try-out for a team, given that he/she meets the requirements of Parlier Unified School District and the California Interscholastic Federation (CIF).

We expect that all Parlier Athletes exemplify good leadership skills that will transpire to success in their lifetime. Parlier High School takes pride in its Athletic Program. We strive for excellence and participation on all our athletic teams. Therefore, as a Student-Athlete at Parlier High School, one must keep in mind the following expectations:

1. Represent Yourself, Family, Community, and School in a Positive Manner
2. Demonstrate respect for Administration, Teachers, Coaches, and Fellow Classmates/Teammates
3. Be Punctual to School, Practice, Games or Events
4. Demonstrate Positive Behavior
5. Demonstrate Responsibility
6. Lead by Example
7. Refrain from Using Foul Language
8. Be Courteous
9. Strive to Improve on a Daily Basis
10. Understand that Participation in Athletics is NOT A Right, but a Privilege

## **Organizational Responsibilities**

The Parlier Unified School District Board of Trustees and Superintendent will provide the support and facilities needed so that student-athletes at Parlier High School can partake in a well-rounded Athletic Program.

These vital members within our district are truly aware of the importance of athletic programs, but by no means do these athletic programs take precedence over academic achievement.

### **Principal**

The Principal is the administrative head of all athletic events. He is directly responsible to the Superintendent and to the CIFCS for athletic events. He will enforce policies, select and supervise coaches, attend athletic events, maintain adequate team and crowd control measures, promote sportsmanship and attend CIFCS meetings regularly.

### **Athletic Director**

The Athletic Director shall work closely with the Principal, Coaches, and Superintendent of the District. He, too, will be an administrative head of all athletic events ensuring that the Athletic Program is an integral piece to the Academic Program at Parlier High School. He will be in charge of the supervision of coaches', record keeping, purchasing, equipment maintenance, parent/community relations, budgets, gate receipts, media relations, game and

practice schedules, tournaments, hiring and supervision of CIF officials, eligibility, transportation, and facility concerns.

## **Coaches**

Coaches are extremely important role models within the School's Athletic Program and throughout the Community. Each Varsity Coach is directly responsible for their athletes, equipment, and facilities that are under his/her supervision. Each activity, whether it is practice or a game, must be properly supervised to eliminate any wrong doing or harm. Coaches will maintain equipment in good standing and report any faulty items to the Athletic Director or Principal. Coaches are to ensure that their athletes be transported to and from athletic events in approved school vehicles. Any special circumstances must be approved by the Principal or Athletic Director.

Attending clinics, developing training procedures for athletes, administering first aid, and compiling game statistics are other responsibilities of a Varsity Head Coach. **Also, Head Coaches must attend CIF League Meetings in representation of our Athletes from Parlier High School.**

Each coach may set rules and regulations for personal grooming and code of conduct. Each coach reserves the right to adopt additional rules and regulations beyond those outlined in this Athletic Handbook. The Principal and Athletic Director must approve a copy of the additional rules, and a copy must be given to the athletes before the start of any season.

Assistant Coaches are under the supervision of the Head Coach, Athletic Director, and Principal.

### **CIF Coaching Requirements:**

- 1) All Coaches are required to be certified in CPR and First Aid. All Coaches are required to take and pass the Coaches' Exam.**
- 2) (Applies to all non-certificated coaches) If a school district does BOTH DOJ AND FBI fingerprinting for clearance of ALL COACHES, PAID AND VOLUNTEER, then they (the district) can waive those coaches from getting the Activities Supervisor Clearance Certificate through the California Teacher Credentialing office. (AB 346)**

## **Athletic Council**

The Parlier High School Athletic Council will collaborate at least once per semester in order to help guide the athletic program. Members will include the *Superintendent, School Board Member, Principal or Vice Principal, Athletic Director, and Varsity Head Coaches.*

## **Student-Athlete and Parent/or Guardian Agreement**

1. Every student who participates in athletics must have a physical examination on record at Parlier High School. This must be signed by a physician, the student's parent or guardian, and the student.
2. Every student must have parental/or guardian permission to participate in the Athletic Program.
3. Every student who participates in athletics is partially covered by PUSD blanket student accident medical insurance in case of injury while practicing or playing in an athletic contest. If the student already has insurance coverage, the parent is to indicate the policy number and name of the provider on the emergency card \*\*\*For more information, students and parents should contact the main office.
4. Athletes must have parental consent and give personal consent for the drug-testing program.
5. All student-athletes are encouraged to attend after school tutoring (before or after practice), if his/her GPA is less than 2.5.
6. All athletes must pass 20 credits of coursework with a 2.0 GPA to participate in athletics. Students are only allotted one "F" at any grading period in order to be eligible for a probationary contract. (See Section **Athletic Eligibility** for further details)
7. If a student is suspended from school, he/she will not be able to participate in the following game. If a student is suspended from school on the day of the game, he/she will not participate or attend any contest including practice for the duration of the suspension. A second suspension within a sport's season may lead to removal from the team.

8. It is the Student's and Parent's/Guardian's responsibility to notify the coach or school official of any known injury to the athlete.
9. Athletes cannot be a part of a city or church team when that particular sport has started in school. (\*\*visit [www.cifcs.com](http://www.cifcs.com) for more details governing this rule)
10. Athletes must go and return from an event with the school team, unless Parent or Legal Guardian is present and has filled out a Release of Liability Form.
11. In season, all student athletes must be academically eligible in order to practice or participate in our Athletic Program. (CIF Season of Sport)
12. If a student-athlete quits/or is removed from the team, he/she is not allowed to practice or participate in any other sport until the current regular season is over. (A player may quit a team without penalty only up until the first league contest).
13. An athlete is responsible for any equipment issued to him/her, and it is not to be worn outside of practices, games, or during Physical Ed. classes. Failure to follow these guidelines will lead to disciplinary action.
14. In order to participate in the Parlier High School Athletic Program, the athlete must be given clearance from their coach and/or Athletic Director. The form indicates that the athlete has turned in all needed paperwork, outstanding debts, or equipment.
15. Equipment purchased by athletes will be paid before the equipment is issued. Failure to pay for equipment or damaged items may result in small claims court and may lead to ineligibility in future sports until the debt is paid in full. All equipment is issued on a loan basis and is the property of Parlier Unified School District. All athletes will care for all equipment as though it were their own. If equipment is destroyed through practice, it will be replaced by the school. If equipment is lost or stolen, the athlete will pay for the replacement item(s). Equipment may not be worn during the school day, at home, or on the streets without approval from the coach of that sport. Students who are transferring to another district and have not turned in, or paid for all equipment, will not be able to complete Parlier High School's Check Out Form. Coaches are responsible for distributing and collecting all

uniforms/equipment at the end of the season. **Athletes are to return uniform/equipment to their coach.**

## **Athletic Eligibility**

### **Academics**

The Parlier Unified School District Board of Trustees has approved an academic eligibility standard. Provisions state that all students must maintain a 2.0 grade point average in order to participate on athletic teams.

In order to be eligible, any student entering from the eighth grade into a CIF four-year high school, under the provisions of Bylaw 303, must have achieved at least a 2.0 grade point average on a 4.0 scale in enrolled courses at the conclusion of the previous grading period (semester). An entering eighth grader may be placed on a probationary sports contract for the first six-week grading period. A school must declare students eligible or ineligible following the close of the previous grading period.

### **Probationary Period**

When requested by the student and parent or guardian, a student who has been declared ineligible to participate in athletics, will be granted probationary eligibility for a period equal to one grading period. In order to be granted such probation, a student must enter into a contract with the following provisions, and the student must earn at least 20 credits from the most current grading period (semester).

1. The student will enroll in the after-school tutoring program designed to improve academic skills. A minimum of two study sessions, 1 hour per session, per week. (Athletic Director and Coaches will monitor their athletes to ensure that he/she is improving)
2. The student will maintain 90% attendance for the term of the probation. Illness must be verified by a doctor or other health care provider. Unexcused absences or tardies in either regular-day or after-school classes may result in immediate termination of the contract and probation, making the student ineligible to participate in any athletic program.



3. The student will have good citizenship at school. Students receiving a referral or violate any school rule, may have their contract terminated.
4. The student will submit all assignments on time. If the student fails to submit an assignment, he/she will be prevented from participation in any athletic event until the assignments are current.
5. A student whose GPA remains below 2.0 at the end of the probationary period, he/she will be declared ineligible to participate in any athletic events. This ineligibility will continue until the student has successfully attained a GPA of at least 2.0 for the progress period or semester.
6. Students are allowed 2 probationary periods during their 4 years of high school. Students are not allowed to be on a probationary contract for 2 consecutive grading periods, or more than once per school year.
7. Students receiving more than one "F" on their progress report will not be eligible for a probationary contract.

## **Attendance**

To be eligible for participation in athletic events, **Athletes:**

1. Are expected to be in school all day. A student needs to attend at least 4 periods per day, in order to participate in games, or competitions. If absent the parent or guardian has the right to submit, in writing or by phone, an explanation of why their student was absent and any proof that they would have to substantiate the absence(s).
2. Attendance issues must be cleared by the Principal, Vice-Principal or Designee the day before the event.
3. All students must earn a 90% school attendance rate at the 6 week grading period. Failure to adhere to this school policy will lead to immediate removal from the team until the student is current with the required 90% attendance rate. Students will be able to make up their unexcused absences by attending Saturday school or other approved duty.

There is a total of 7 Periods per regular day and if a student attends the full day without any unexcused class absences, then he/she has earned 100% attendance for that particular day.

Here is an example of how this policy works:

Day 1: If a student has an unexcused absence during 1<sup>st</sup> period and has an unexcused absence 2<sup>nd</sup> period, but attends the rest of the five periods on time, the student has earned 71% attendance for that day.

Day 2: The student attended all 7 periods on time. Now, the accumulative attendance is  $(5 \text{ out } 7) + (7 \text{ out } 7) = 12/14 = 86\%$   
Day 1      Day 2

## **Behavioral Standards for Athletes/Coaches/ and Parent or Guardian**

The Parlier Unified School District Board of Trustees, Superintendent, and Staff are in support of our athletes at Parlier High School keeping in mind that athletics is secondary to that of academics. We preach student first, athlete second which in turn will lead to a productive student-athlete.

### **Sportsmanship for Student-Athletes:**

As a Parlier High School Student-Athlete, I agree to:

1. Accept that I am a role model at Parlier High School, and will represent my school, family, and community at all times.
2. Learn the rules of the sports I partake in and help others understand them, too.
3. Treat my opponents and all fans with respect
4. Refrain from taunting.
5. Respect officials at all times even if I feel that I am right; remember he/she may be an official at the next game.

### **Sportsmanship for Parents or Legal Guardians:**

As a Parlier High School parent/guardian, I agree to:

1. Be a positive role model for my student, the school and community
2. Display a positive attitude and behavior
3. Show respect for all participants, officials/judges and advisors/coaches
4. Assist in providing for student safety and welfare at all times
5. Encourage my student to attend school regularly and excel academically
6. Inform my student of the dangers of using and discourage the use of any illegal drugs, alcohol or tobacco

## **Grievance Procedure**

It is Parlier High School's policy that grievances should not be addressed during or immediately following any practice or activity. If a situation arises where a parent/guardian wishes to meet with an advisor/coach, or address a specific issue or complaint, the following steps should be followed:

1. Request a meeting at school with the advisor/coach and Athletic Director.
2. If your problem is unresolved, arrange an appointment with the school administrator.
3. If your problem is still unresolved, the appeal process outlined in District Policy will apply.

## **Sportsmanship for Coaches:**

1. As a coach, you need to demonstrate a high level of good character and leadership qualities.
2. Besides teaching the rules of the game you must adhere to them as an excellent leader would do- Lead by Example.
3. You must stress to your athletes that inappropriate behavior such as taunting, arguing, throwing or hitting things, is totally unacceptable and will lead to immediate disciplinary action.

## **Discrimination**

Parlier Unified School District does not allow discrimination, harassment, intimidation or bullying on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics or any other characteristics that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code, as well as marital, parental status and pregnancy, in all district programs, activities and employment.

Any complaint regarding discrimination, harassment, intimidation, bullying and Title IX can be filed with the Assistant Superintendent or the Director of Student Services, 900 Newmark Ave., Parlier, CA 93648, (559) 646-2731.

## **Athletic Violations and Penalties**

### **Drugs and Alcohol**

Students must understand that participation in athletics in the Parlier Unified School District is a privilege based on adherence to the district alcohol and drug policy.

In addition to attendance and academic eligibility requirements, students participating in athletics, are expected to refrain from using, possessing, or being under the influence of alcohol and other drugs at all times. This includes evenings, weekends, holidays, and on or off the school campus.

If a student-athlete violates the drug/alcohol guidelines, he/she may be removed from the team. In order to return to the team, he/she must enroll and complete a drug/alcohol counseling program. (Administration will make referral)

A **second violation** involving drugs or alcohol may lead to removal from the team for that season. Once again the athlete must enroll and complete a drug/alcohol counseling program in order to participate on any team during the athlete's career.

A **third violation** of the drug/alcohol guidelines in the athlete's career will be brought to the attention of the Parlier Unified School District Board of Trustees and Administration. The athlete may be excluded from sports during his /her athletic career at Parlier High School.

### **Felonies, Theft, and Misdemeanors**

Penalties for these violations will be determined by one or more of the following individuals: PUSD Board of Trustees, District and School Administration

## **Athletic Award System**

At Parlier High School, we believe that the athletic award that may be given to an athlete in the form of a certificate or plaque is by no means equal to the satisfaction of participating in the sport itself. However, athletes who demonstrate positive leadership and/or great athletic abilities will earn an extra award.

### **Awards**

A six-inch block letter “P” will be awarded to an athlete who earns a varsity letter for the first time. An athlete will only earn ONE varsity letter while at Parlier High School. However, for each varsity sport that an athlete participates in and completes, he/she will earn a stitched, fabric symbol representing that particular sport.

### **School Pride Honor Jacket**

The athlete may purchase an honor jacket when earning their first Block “P”

### **Plaque, Medal, Trophy and Certificate**

All athletes who participated in a sport will receive a certificate; others who demonstrated greatness in that sport will earn a plaque, medal, or trophy.

### **Participation Requirements**

Any athlete who fails to complete participation in any sport, except for excusable reasons, may forfeit his/her right to an award

### **Receiving Awards**

In order for an athlete to receive an award, he/she must be in good standing with the school and athletic department. Also, all equipment must be turned in at the end of the season so that the athlete can participate in any other sport at Parlier High School.

## **Parlier High School Booster Club**

This club is comprised of a group of parents and community patrons who are enthused to support all Parlier Panther Athletic Programs. Through many volunteer projects and sales promotions, the Booster Club helps the Athletic Director purchase equipment and supplies that will improve our sports programs. In addition, the Booster Club will help organize and promote special events like tournaments.

### **Parlier High Fight Song**

**All ye Panthers  
All ye Panthers  
Fight for Ole Parlier  
We are Panthers  
For to Conquer  
Winning Fair and Square  
Rah! Rah! Rah!**

**On ye Panthers  
All ye Panthers  
Fight to Win this Game  
We are the Loyal Supporters  
Of Our Team**

**Go Fight Win!!**

# TEAM ATHLETIC CARD

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone # of parent during the day:

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If in an EMERGENCY the parent cannot be contacted notify:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctors Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

I authorize the above named student to compete in interscholastic athletics or participate in co-curricular or extra-curricular activities and to go with and be supervised by a representative of the school on any trip. I also authorize emergency medical treatment for the above named student when deemed necessary by a physician or other licensed medical agent.

Signature Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Insurance: \_\_\_\_\_  
Company Name Policy or Group #

Sport: (Circle all that apply)

Volleyball  
Boys Basketball  
Boys Soccer  
Baseball  
Golf

Football  
Girls Basketball  
Girls Soccer

Softball  
Cross Country  
Wrestling  
Track

# Parent and Student-Athlete Acknowledgment for Athletic Participation

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, authorize my son/daughter to participate in the Athletic Program offered by the Parlier Unified School District, hereinafter referred to as the "District". I have read and fully support the Athletic Handbook. I understand the expectations and guidelines that my son/daughter will have to adhere to while participating in the Parlier High School Athletic Program. I also understand the risk my son/daughter is taking when participating in sports which may lead to serious injury or death.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Print Name**

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

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I, \_\_\_\_\_, understand my responsibility as a Student-Athlete and will follow all guidelines within the Parlier High School Athletic Handbook. I have read the above information with my parent or guardian regarding insurance, medical, and legal aspects and will adhere to the District policies. As a proud individual, I am now ready to take the challenge and become a Parlier Panther Student-Athlete.

\_\_\_\_\_  
**Student-Athlete Signature**

\_\_\_\_\_  
**Print Name**

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

**In order to participate in the Athletic Program at Parlier High School, this page must be filled out completely and returned to your Athletic Registrar/Athletic Director.**



California Interscholastic Federation

Central Section  
P.O. Box 1567 Porterville, CA 93258  
Phone (559) 781-7586 Fax (559) 781-7033

**ETHICS IN SPORTS**

**I. Policy Statement**

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued **each year** and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

**II. Code of Ethics**

- A. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- B. To eliminate all possibilities which tend to destroy the best values of the game.
- C. To stress the values derived from playing the game fairly.
- D. To show cordial courtesy to visiting teams and officials.
- E. To establish a happy relationship between visitors and hosts.
- F. To respect the integrity and judgment of sports officials.
- G. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- H. To encourage leadership, use of initiative and good judgment by the players on a team.
- I. To recognize that the purpose of athletics to promote the physical, mental, moral, social and emotional well-being of the individual players.
- J. To remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan or nation.

I have read and I understand the Policy Statement, the Code of Ethics and the violations and Minimum Penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participation in interscholastic athletics, regardless of context, site or jurisdiction. I also agree not to use drugs, alcohol, steroids or other performance enhancing drugs while I am in high school.

**III. Violations and Minimum Penalties**

Act	Penalties
1. First ejection of player or coach from a contest or SCRIMMAGE for unsportsmanlike conduct.	Ineligible for the next CIF contest (league, non-league, tournament, Invitational, playoff, etc., scrimmages excluded). The next contest could be the second game of a double header or even the next season of sport. Athletes competing in concurrent sports would be ineligible for both sports.
2. Second ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.	Ineligibility for next two CIF contests as above will carry over the next season of sport.
3. Third ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.	Ineligibility for all CIF contests for one calendar year (365 days). Any appeal must go through the CIF Eligibility Committee.
4. Any players that leave the "bench" area to begin a confrontation or leave these areas during an altercation.	Ejection from the contest for those players designated by officials. The contest may be terminated by the officials. One or both teams may forfeit the contest.
5. When players leave the bench area to begin a confrontation or leave the bench area during an altercation and in the opinion of the officials, the situation is out of control.	Contest stopped, ejection from the contest for those players designated by the officials. The team (s) that left the bench area must forfeit contest, record a loss, and the team (s) and players will be put on probationary status for the balance of the season. A second similar infraction during the season of sport will result in cessation of the sport for the team (s) and/or players. If the act occurs at the end of the season, the probationary period will extend to the next year's season of sport. Any appeal would have to be made to the CIF Executive Committee.
6. Illegal participation in next contest by player ejected in previous contest.	Ineligibility for remainder of season for player. Forfeiture of contest.
7. Illegal placement of ejected player or illegal participation by coach ejected in previous contest.	Constitution and sport governing rules and procedures for a coach who knowingly violates CIF or Section Rules. (See Bylaw 1100C).
8. Any acts of a more serious nature by individuals or teams or situations not specifically covered by this policy or the Constitution or Governing Rules.	Area Commissioner may determine and implement penalties for individuals and teams not otherwise specified by CIF Central Section Constitution and Bylaws.
9. If act occurs in CIF Section Finals and both teams are charged with a forfeit.	After deliberation by the CIF and a double forfeit is in order, there will be no Champion.

An ejected coach must leave the site of the contest. The coach may have no contact with his/her team from that point on. If there is no certified replacement for the coach, the contest is halted and the game is forfeited. The coach must also sit out the next contest and cannot attend the contest or have any contact with the team during the contest. The coach may be allowed to participate in practices on days other than the day of the contest.

- 10. An ejected player may stay on the bench for the remainder of the contest for supervision reasons. Further disruption by ejected players may force them to be removed from the site. This could lead to a forfeit. Players ejected must sit out the next contest, but may sit on the bench in street clothes.

**APPEALS PROCEDURE-First and Second Ejection**

Unless otherwise specified, an appeal of an ineligibility of a player or coach may be made, in writing, through the player or coach's site administrator, to the Central Section Commissioner or his or her designees for consideration of reinstatement. The Section Commissioner and or his or her designee will convey results to all schools involved.

**PHYSICAL ASSAULT**

CIF State Constitution, Article 5, Section 522. Any student who physically assaults the person of a game or event official shall be banned from interscholastic athletics for the remainder of the student's eligibility. A game or event official is defined as a referee, umpire or any other official assigned to interpret or enforce rules competition at an event. A student may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

For this document, the Central Section also includes coaches, administrators or other school personnel assigned to the contest or games as a game official.

**ATHLETE**

_____	_____	_____
Student Signature	Printed Name	Date
_____	_____	_____
Parent Signature	High School	Date



**COACHING STAFF**

_____	_____
Coach	Site Administrator



**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 its 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



## ¿Lo que puede suceder si mi hijo sigue desempeñando con una conmoción cerebral o vuelve a pronto?

Los atletas con los signos y síntomas de conmoción deben eliminarse de juego inmediatamente. Sigue cumpliendo con los signos y síntomas de una conmoción cerebral deja al atleta joven especialmente vulnerables a una lesión mayor. Existe un mayor riesgo de daño significativo de una conmoción cerebral durante un período de tiempo después de que se produzca esa conmoción, especialmente si el atleta sufre otra conmoción cerebral antes de recuperarse totalmente de la primera. Esto puede conducir a recuperación prolongada, o incluso cerebral severa hinchazón (síndrome del segundo impacto) con consecuencias devastadoras e incluso fatales. Es bien sabido que atleta adolescente o adolescente tendrá a menudo bajo síntomas de informe de lesiones. Y conmociones no son diferentes. Como resultado, la educación de los administradores, entrenadores, padres y estudiantes es la clave para la seguridad del estudiante atleta.

### Si cree que su hijo ha sufrido una conmoción cerebral

Cualquier atleta incluso sospecha de sufrir una conmoción cerebral debería eliminarse el juego o la práctica inmediatamente. Ningún atleta podrá devolver a la actividad después de una aparente lesión en la cabeza o conmoción cerebral, independientemente de cómo suave parece o cómo rápidamente síntomas claro, sin autorización médica. Observación estrecha del atleta debe continuar durante varias horas. La nueva CIF Ordenanza 313 ahora requiere la implementación de larga y bien establecida regreso a jugar las directrices de la conmoción que se han recomendado desde hace varios años:

"Un estudiante-atleta es sospechosa de mantener una lesión concusión o cabeza de una práctica o juego se eliminarán de la competencia en ese momento y durante el resto del día".

y

"Un estudiante-deportista que ha quitado puede no volver a jugar hasta que el atleta es evaluado por un proveedor de atención de salud con licencia entrenados en la evaluación y gestión de concusión y remoción de escritos recibido para volver a jugar desde proveedor de atención médica".

También debe informar al entrenador de su hijo si cree que su hijo puede tener una conmoción cerebral recordar su mejor perderse un partido que se pierda toda la temporada. Y en caso de duda, el atleta se sienta.

Para obtener información actual y actualizada sobre concusiones puede ir a:

<http://www.cdc.gov/ConcussionInYouthSports/>

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Fecha de firma de nombre impreso estudiante atleta estudiante atleta

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Padre o tutor Legal impreso principal o la fecha de firma de tutor Legal

# Preparticipation Physical Evaluation (Page 1 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

## Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

- |   | Yes | No  |  | Yes         | No            |
|---|-----|-----|--|-------------|---------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?                                      | ___ | ___ | 26. Have you ever become ill from exercising in the heat?  | ___         | ___           |
| 2. Do you have an ongoing chronic illness?  | ___ | ___ | 27. Do you cough, wheeze or have trouble breathing during or after activity?   | ___         | ___           |
| 3. Have you ever been hospitalized overnight?   | ___ | ___ | 28. Do you have asthma?  | ___         | ___           |
| 4. Have you ever had surgery?   | ___ | ___ | 29. Do you have seasonal allergies that require medical treatment?   | ___         | ___           |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | ___ | ___ | 30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? | ___         | ___           |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?               | ___ | ___ | 31. Have you had any problems with your eyes or vision?  | ___         | ___           |
| 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?                                | ___ | ___ | 32. Do you wear glasses, contacts or protective eyewear?   | ___         | ___           |
| 8. Have you ever had a rash or hives develop during or after exercise?  | ___ | ___ | 33. Have you ever had a sprain, strain or swelling after injury?   | ___         | ___           |
| 9. Have you ever passed out during or after exercise?   | ___ | ___ | 34. Have you broken or fractured any bones or dislocated any joints?   | ___         | ___           |
| 10. Have you ever been dizzy during or after exercise?  | ___ | ___ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?  | ___         | ___           |
| 11. Have you ever had chest pain during or after exercise?  | ___ | ___ | <i>If yes, check appropriate blank and explain below:</i>  |             |               |
| 12. Do you get tired more quickly than your friends do during exercise?   | ___ | ___ | ___ Head   | ___ Elbow   | ___ Hip       |
| 13. Have you ever had racing of your heart or skipped heartbeats?   | ___ | ___ | ___ Neck   | ___ Forearm | ___ Thigh     |
| 14. Have you had high blood pressure or high cholesterol?   | ___ | ___ | ___ Back   | ___ Wrist   | ___ Knee      |
| 15. Have you ever been told you have a heart murmur?  | ___ | ___ | ___ Chest  | ___ Hand    | ___ Shin/Calf |
| 16. Has any family member or relative died of heart problems or sudden death before age 50?                                   | ___ | ___ | ___ Shoulder   | ___ Finger  | ___ Ankle     |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?                  | ___ | ___ | ___ Upper Arm  | ___ Foot    |               |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems?                            | ___ | ___ | 36. Do you want to weigh more or less than you do now?   | ___         | ___           |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?    | ___ | ___ | 37. Do you lose weight regularly to meet weight requirements for your sport?   | ___         | ___           |
| 20. Have you ever had a head injury or concussion?  | ___ | ___ | 38. Do you feel stressed out?  | ___         | ___           |
| 21. Have you ever been knocked out, become unconscious or lost your memory?   | ___ | ___ | 39. Have you ever been diagnosed with sickle cell anemia?  | ___         | ___           |
| 22. Have you ever had a seizure?  | ___ | ___ | 40. Have you ever been diagnosed with having the sickle cell trait?  | ___         | ___           |
| 23. Do you have frequent or severe headaches?   | ___ | ___ | 41. Record the dates of your most recent immunizations (shots) for:  |             |               |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet?   | ___ | ___ | Tetanus: _____ Measles: _____  |             |               |
| 25. Have you ever had a stinger, burner or pinched nerve?   | ___ | ___ | Hepatitis B: _____ Chickenpox: _____   |             |               |
|   |     |     | <b>FEMALES ONLY (optional)</b>   |             |               |
|   |     |     | 42. When was your first menstrual period? _____  |             |               |
|   |     |     | 43. When was your most recent menstrual period? _____  |             |               |
|   |     |     | 44. How much time do you usually have from the start of one period to the start of another? _____  |             |               |
|   |     |     | 45. How many periods have you had in the last year? _____  |             |               |
|   |     |     | 46. What was the longest time between periods in the last year? _____  |             |               |

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Preparticipation Physical Evaluation (Page 2 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written below.

## Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_\_ F \_\_\_\_\_ left: P \_\_\_\_\_ F \_\_\_\_\_  
 Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
<b>MUSCULOSKELETAL</b>			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

\* – station-based examination only

### ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):  
 Cleared without limitation  
 Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 Precautions: \_\_\_\_\_  
 \_\_\_\_\_  
 Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 Referred to \_\_\_\_\_ For: \_\_\_\_\_  
 \_\_\_\_\_  
 Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_

### ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):  
 Cleared without limitation  
 Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 Precautions: \_\_\_\_\_  
 \_\_\_\_\_  
 Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_  
 Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*