



600 Cloyden Road, Palos Verdes Estates, CA 90274 p. 310.378.8471 f. 310.378.0311

July 2018

Dear Sea King Families,

Palos Verdes High School is fortunate to have the strong support of our parents and community. Our parents have contributed financially to our school to support our programs and Participation Donations have been a major source of that financial support.

The suggested Participation Donations for the upcoming school year continue to be calculated based on the number of students participating in the activities, the events scheduled for the activities, and the costs of transportation, officiating, equipment, competition fees, and game management expenses. Each activity will have a different suggested amount based on these variables. While the suggested Participation Donation is not mandatory, it is needed in order to keep all activities, clubs, and sports at current levels. If Participation Donations do not cover the associated costs of a program, competitions, equipment, or levels of a program offered may be jeopardized.

Please be assured that the Participation Donation, whether made or not made, and/or the amount of the donation, is confidential. The coaches/advisors do not have access to the names of the families who have or have not contributed. Only the total collected amount is shared with the coach/advisor so that he/she can make financial decisions regarding his/her program.

Donations are voluntary and no student will be denied access to, or participation in, any sport or extracurricular activity or penalized in any way based on whether or not his/her family has made a donation, or portion of a donation.

Please make checks payable to "PVHS" and turn them in to the Student Store along with the program's clearance packet.

Thank you for continuing to support the programs at Palos Verdes High School. I look forward to a successful school year. Go Sea Kings!

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Shapiro', written over a white background.

Brian Shapiro  
Athletic Director  
Palos Verdes High School

**Palos Verdes High School  
Participation Donation Amounts  
2018 -2019**

**ATHLETICS**

**EXTRA & CO-CURRICULAR ACTIVITIES**

\$ 575.00	Football Girls Basketball Boys Basketball Baseball Softball	\$ 200.00	Speech & Debate Academic Decathlon
\$ 525.00	Girls Water Polo Boys Water Polo Girls Volleyball Boys Volleyball	\$ 175.00	Drama Model United Nations
\$ 475.00	Girls Lacrosse Boys Lacrosse	\$ 125.00	AVID Mock Trial Jazz Band Orchestra
\$ 400.00	Girls Golf Boys Golf		
\$ 375.00	Girls Tennis Boys Tennis Girls Soccer Boys Soccer	\$ 75.00	Choreo Math PVIT Science Bowl Science Olympiad Science Research
\$ 325.00	Boys & Girls Swimming Boys & Girls Track Song Cheer		
\$ 275.00	Boys & Girls Cross Country Marching Band Colorguard Drumline		
\$125.00	Surf Team		

**Students who are unable to make a participation donation will not be denied  
the right to participate**

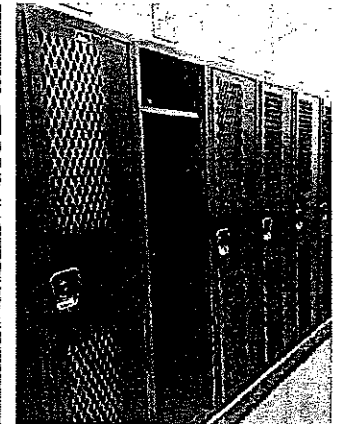
7/12/2018

# Why join the PVHS Booster Club?



Take a look around campus, and you'll see the power of Booster Club contributions...

- Brand new Stadium Field Turf
- New professional-grade upper and lower dance floors
- Jumbo athletic lockers in both the boys and girls locker rooms
- Highly trained teachers and staff who attend important conferences and competitions
- School supplies and equipment, funding for plays and performances, student field trips and much more



To provide a top-notch college prep experience to our students in a public school context takes tremendous commitment from our entire community. In collaboration with PTSA and PEF, the PVHS Booster Club plays a critical role in making that happen. Our mission is to support and promote the 3 A's – Academics, Arts, and Athletics – as well as other PVHS extracurricular activities. Our objective is to enrich the PVHS student experience and community at large by providing financial support in areas not covered by the PVPUSD budget. **For example, students greatly benefit from off-season coaching and athletic trainers who are not funded by participation donations, ASB, or the district but by the Booster Club.**

All of your donations stay right here on the PVHS campus and you may designate any contribution above the \$200 Basic Level to any Academic, Arts, or Athletics program of your choice.

We thank you for your support – Go Sea Kings!

Michael Thomas  
President, PVHS Booster Club

***JOIN TODAY!***

***[www.pvboosterclub.com](http://www.pvboosterclub.com)***

***follow us on Twitter @pvhsbooster  
friend us on Facebook at PVBoosterClub***

**Arts, Athletics & Academics since 2002**



Palos Verdes High School  
Emergency Information



**NOTE: A new form must be completed for each sport or activity.  
Student may not participate until this card has been completed and returned.**

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Sport/Activity \_\_\_\_\_ Date \_\_\_\_\_ Level (V/VJ/FS) \_\_\_\_\_

Athletic Eligibility Clearance

Activities Eligibility Clearance

Sport \_\_\_\_\_ Activity \_\_\_\_\_

**CLEARANCE PROCEDURE MUST BE SIGNED IN ORDER**

1. \_\_\_\_\_  
Coach/Sponsor Approval

4. \_\_\_\_\_  
Student Store (Fees/Insurance)

2. \_\_\_\_\_  
\*Parent/Guardian Approval

5. \_\_\_\_\_  
Athletic Secretary

3. \_\_\_\_\_  
Health Office (Medical Exam/Emergency Card)

\*Parent must sign #2 above as well as at the bottom.

**PARENTS: The information requested below is necessary in the event injury occurs while away from school or outside regular school hours. Please be as specific as possible.**

Student's Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ ext \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

History of allergies, injuries, heart, or other medical problems: \_\_\_\_\_

Parent/Guardian Primary Language \_\_\_\_\_

I hereby give my permission for the administration of emergency first aid to the above student

Printed Name of Parent/Guardian \_\_\_\_\_

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

Date \_\_\_\_\_

## UNIFORM DONATION

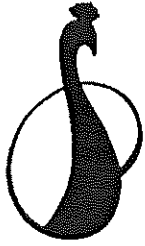
PVHS Parents,

We are now entering our 17<sup>th</sup> year. It is time to start reordering uniforms and this is expensive. Our athletes look good and we want to continue to purchase quality uniforms. Our Booster Club supports athletics, academics, and the arts. The expense of buying all the uniforms would be very significant. We considered having students buy their uniforms but when you think this through it would be far more expensive and a logistical nightmare.

Hence we are asking for a Uniform Donation. Please see the scale below. A student will be asked to pay this fee for each sport they play. This money will go into an athletic account in the student store. The Booster Club will continue to assist with uniform purchases as needed.

Please make checks payable to PVHS. These checks will be turned in at the student store when students clear for their sport.

<i><b>Sport</b></i>	<i><b>Uniform Donation</b></i>
<b>Football</b>	\$40
<b>G Volleyball</b>	\$40
<b>X - Country</b>	\$40
<b>G Golf</b>	\$15
<b>G Tennis</b>	\$15
<b>B Water Polo</b>	\$15
<b>B Basketball</b>	\$40
<b>G Basketball</b>	\$40
<b>B Soccer</b>	\$40
<b>G Soccer</b>	\$40
<b>G Water Polo</b>	\$15
<b>Surf</b>	\$15
<b>Baseball</b>	\$40
<b>B Golf</b>	\$15
<b>Softball</b>	\$40
<b>Swim</b>	\$15
<b>B Tennis</b>	\$15
<b>Track</b>	\$40
<b>B Volleyball</b>	\$40
<b>B Lacrosse</b>	\$40
<b>G Lacrosse</b>	\$40



**MALAGA COVE  
ADMINISTRATION  
CENTER**

375 Via Almar  
Palos Verdes Estates  
California 90274-1277  
(310) 378-9966  
[www.pvpusd.net](http://www.pvpusd.net)

Ira J. Toibin, Ph.D.  
Interim Superintendent  
of Schools

Board of Education

Anthony Collatos  
President

Linda Reid  
Vice President

Suzanne Seymour  
Clerk

Barbara Lucky  
Member

Malcolm S. Sharp  
Member

Department Extensions  
and FAX Numbers

Superintendent, x 404  
(310) 378-0732 (FAX)

Business Services, x 418  
(310) 791-1306 (FAX)

Curriculum and Instruction,  
x 163  
(310) 791-2919 (FAX)

Human Resources, x 417  
(310) 791-2948 (FAX)

Student Services, x 551  
(310) 378-1971 (FAX)

# Palos Verdes Peninsula Unified School District

Dear Parent:

September 2018

REFERENCE: INSURANCE PROTECTION FOR YOUR CHILD  
EXTRA-CURRICULAR ACTIVITIES AND SPORTS

The Palos Verdes Peninsula Unified School District takes appropriate steps to protect your child from injuries. Even so, accidents can and do happen while participating in activities that take place on campus, on school trips and during extra-curricular activities and sports.

**Students participating in interscholastic sports including spring football training are required by state law to have medical insurance.**

Some students may qualify to enroll in no-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: (a) Medi-Cal – 1-800-541-5555, or (b) Healthy Families Program – 1-800-880-5305.

Since the Palos Verdes Peninsula Unified School District **does not** provide accident medical insurance for school-related injuries, it makes available through the plan administrator, Myers-Stevens & Toohy & Co, Inc. a variety of affordable insurance plans to help you in the event of an accident and urges you to purchase the plan that best fits your needs.

Please review the brochure on medical insurance options. There are a variety of plans that may be selected. The "High Option" level of benefits is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School-Time", "Interscholastic Tackle Football" or "Full-Time (24/7)" basis.

**IMPORTANT:** You are urged to consider the Student Health Care Plan, which provides the broadest scope of coverage. One that covers illnesses and accidents, 24-hours a day, including all sports except high school tackle football.

Complete the application, enclose payment and have your student return the application to the Student Store. Keep this brochure in a safe place in case your child gets hurt. An ID card verifying coverage will be mailed to your home.

If you have questions or need help with your application, please call the plan administrator, Myers-Stevens & Toohy & Co, Inc. at (800) 827-4695 or (949) 348-0656 or go to: <http://www.myers-stevens.com>. If your child does have other health coverage, student insurance may also be used to help pay those charges not covered by other insurance.

Sincerely,

Ira J. Toibin, Ph.D.  
Interim Superintendent of Schools

Palos Verdes Peninsula Unified School District



**Athletic/Activity Report**

(Forgery of these forms will result in disciplinary action by the Associate Principal)

Sport/Activity

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Last Name (print)	First Name (print)	Grade	Boy/Girl	Sport
Address		City/Zip Code	Home Telephone Number	
Age	Birthdate	Month and year started ninth grade		
Did you transfer from another high school?	If so, what date?	List name, city, and state of the high school that you transferred from.		

**Insurance Requirements**

California Law (*Education Code* §§ 32220-32224) requires every member of an athletic team to have at least \$1,500 medical and hospital coverage.

I ALREADY HAVE INSURANCE for my son/daughter which meets the requirements of California Law. The name of my insurance company is \_\_\_\_\_ and the policy number is \_\_\_\_\_. I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

**School Insurance**

**Myers/Stevens Insurance Company**

I am purchasing Myers/Stevens insurance and returning the Myers/Stevens envelope with the Athletic Packet so the school can send it to the company. I am purchasing the following coverage: (check the appropriate coverage.)

<input type="checkbox"/> Tackle Football (covers only tackle football)	<input type="checkbox"/> School Time	Low	Med	High			
<input type="checkbox"/> Full Time	Low	Med	High	<input type="checkbox"/> Full Time	Low	Med	High
<input type="checkbox"/> Student Health Care Payment Plan	<input type="checkbox"/> Extra Dental						

**Athletic Commitments and Responsibilities**

I have read and understand the following sections of the Athletic Packet:

- Academic Eligibility Standards
- Physical Form
- Athletic/Activity Code of Conduct
- Student Insurance
- District Letter Regarding Insurance Coverage
- Transportation Fee Letter
- Code of Ethics - Athletes
- Medical Treatment Authorization-Waiver, Release, and Indemnity Agreement
- Emergency Card

Signature of Parent/Guardian	Signature of Student	Date
------------------------------	----------------------	------

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
 MEDICAL TREATMENT AUTHORIZATION  
 WAIVER, RELEASE AND INDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY SPORTS OR NON-SPORTS PROGRAM**

Participant: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ Name of School: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Transportation provided by District       Transportation is parent responsibility

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary as part of the PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT (District) sports or non-sports program. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

<input type="checkbox"/>	Participant has no special health needs the staff should be aware of, and no medication is required.
<input type="checkbox"/>	Participant has a special need, and instructions are attached. Number of attached pages: _____
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

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

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Name (Please Print)

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Health Plan

\_\_\_\_\_  
 Street Address      City      State      Zip Code

Plan # \_\_\_\_\_



**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
WAIVER, RELEASE AND INDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY ACTIVITY/PROGRAM**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Description of Activity/Program: \_\_\_\_\_

Date(s) of Activity/Program: \_\_\_\_\_

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary and is not a mandated requirement of the Palos Verdes Peninsula Unified School District's (District) curriculum or extra curricular program. I further acknowledge that no supervision is being provided by the District and that the District assumes no responsibility for any transportation arrangements. The undersigned is specifically aware, and confirms by executing this document that they are aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the Palos Verdes Peninsula Unified School District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide medical coverage for participants in this activity.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

Principal / Designee Signature \_\_\_\_\_



**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**  
**ATHLETIC AND CO-CURRICULAR CODE OF CONDUCT**

Students and parents shall be informed that a student who competes in athletics or participates in extra and co-curricular activities are held to specific standards of conduct and citizenship per Board Policy 6145 and 6145.2. These standards apply throughout the school year. In conjunction with discipline imposed after exhausting all available due process, students will be subject to the following:

**VIOLATIONS OF THE CODE**

- A. Violations involving drugs, alcohol, and/or drug paraphernalia may result in an out of school suspension and students are not allowed to participate in athletics and any other school activities during the suspension. The student will also be recommended to attend "The Outlook Program," which is an educational approach to substance abuse. Athletes may also receive a suspension from participation in sports activities and contests.
- B. Referring to Ed Code 48900 (A-E) infractions, the following consequences may be enforced if the violation occurs during an season of the sport or activity:
- 1<sup>st</sup> Offense: Student misses any contest while serving an out of school suspension
  - 2<sup>nd</sup> Offense: An out of school suspension and four weeks social probation (student may not participate in any extracurricular or athletic events)
  - 3<sup>rd</sup> Offense: An out of school suspension and eight weeks or removal from the remainder of the sport/activity season involved depending on which is greater.
- C. Any expellable violation (Category 1 or 2) of the "The Safe School Policy" may result in an expulsion or transfer of the student and/or referral to law enforcement.

I have read and understand the above written code of conduct.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Printed)

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

\_\_\_\_\_  
Date



## Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.



## CIF Concussion Information Sheet

### Why am I getting this information sheet?

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

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

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### What is a concussion and how would I recognize one?

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

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

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

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

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

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

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

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Looks dizzy</li> <li>• Looks spaced out</li> <li>• Confused about plays</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or awkwardly</li> <li>• Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Shows a change in personality or way of acting</li> <li>• Can't recall events before or after the injury</li> <li>• Seizures or has a fit</li> <li>• Any change in typical behavior or personality</li> <li>• Passes out</li> </ul>

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• "Pressure in head"</li> <li>• Nausea or throws up</li> <li>• Neck pain</li> <li>• Has trouble standing or walking</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Bothered by light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of memory</li> <li>• "Don't feel right"</li> <li>• Tired or low energy</li> <li>• Sadness</li> <li>• Nervousness or feeling on edge</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confused</li> <li>• Concentration or memory problems</li> <li>• Repeating the same question/comment</li> </ul>

### **What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website ([cifstate.org](http://cifstate.org)) for more information on Return to Learn.

### **How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

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

### **Final Thoughts for Parents and Guardians:**

*It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them.* Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

### **References:**

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

## CIF Concussion Return to Play (RTP) Protocol

**CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.**

**Instructions:**

- This *graduated return to play protocol* **MUST** be completed before you can return to FULL COMPETITION.
  - A certified athletic trainer (AT), physician, and/or identified concussion monitor (e.g., coach, athletic director), must monitor your progression and initial each stage after you successfully pass it.
  - Stages I to II-D take a *minimum* of 6 days to complete.
  - You must be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
  - You must complete one full practice *without restrictions* (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at anytime during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician)				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days <b>AFTER</b> you have seen a physician	<ul style="list-style-type: none"> <li>• No activities requiring exertion (weight lifting, jogging, P.E. classes)</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery and elimination of symptoms</li> </ul>
	II-A	Light aerobic activity	<ul style="list-style-type: none"> <li>• 10-15 minutes (<i>min</i>) of walking or stationary biking.</li> <li>• <b>Must be performed under <i>direct supervision</i> by designated individual</b></li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to no more than 50% of perceived maximum (<i>max</i>) exertion (e.g., &lt; 100 beats per min)</li> <li>• Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity ( <i>Light resistance training</i> )	<ul style="list-style-type: none"> <li>• 20-30 min jogging or stationary biking</li> <li>• Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)</li> <li>• Monitor for symptom return</li> </ul>
	II-C	Strenuous aerobic activity ( <i>Moderate resistance training</i> )	<ul style="list-style-type: none"> <li>• 30-45 min running or stationary biking</li> <li>• Weight lifting ≤ 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to &gt; 75% max exertion</li> <li>• Monitor for symptom return</li> </ul>
	II-D	Non-contact training with sport-specific drills ( <i>No restrictions for weightlifting</i> )	<ul style="list-style-type: none"> <li>• Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>• No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>• Add total body movement</li> <li>• Monitor for symptom return</li> </ul>
<b>Minimum of 6 days to pass Stages I and II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor</b>				
	III	Limited contact practice	<ul style="list-style-type: none"> <li>• Controlled contact drills allowed (no scrimmaging)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase acceleration, deceleration and rotational forces</li> <li>• Restore confidence, assess readiness for return to play</li> <li>• Monitor for symptom return</li> </ul>
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> <li>• Return to normal training, with contact</li> <li>• Return to normal unrestricted training</li> </ul>	
<b>MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice (if contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)</b>				
	IV	Return to play (competition)	<ul style="list-style-type: none"> <li>• Normal game play (competitive event)</li> </ul>	<ul style="list-style-type: none"> <li>• Return to full sports activity without restrictions</li> </ul>

**Athlete's Name:** \_\_\_\_\_ **Date of Concussion Diagnosis:** \_\_\_\_\_

**PALOS VERDES HIGH SCHOOL ATHLETICS**

**Please return this page to athletic office:**

I hereby acknowledge that I have received the Concussion Information Sheet. I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms, the "Return to Learn" and the "Return to Play" protocols, I will consult with my student's physician.

---

Student Athlete Name Printed

---

Student Athlete Signature

---

Date

---

Parent/Guardian Name Printed

---

Parent/Guardian Signature

---

Date

---

# Keep Their Heart in the Game

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

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

### Potential Indicators That SCA May Occur

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

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

### What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

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

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

National Federation of High Schools  
(20-minute training video)  
<https://nfhslearn.com/courses/61032>





PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
Health Services

PHYSICAL EXAMINATION REPORT

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Grade \_\_\_\_\_

A physical examination of this student was performed on (Date) \_\_\_\_\_

He/she is physically fit to participate in all athletics.\*

Date \_\_\_\_\_  
Physician's Signature \_\_\_\_\_

**VALID ONLY WITH PHYSICIAN'S STAMP**

Telephone: \_\_\_\_\_

\* California Interscholastic Federation (CIF) policy 308 states . . . "schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. . . . The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition..."

PVPUSD accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse practitioner with a MD's stamp.