

**ATHLETIC/ACTIVITY CLEARANCE FORM  
PERMIT TO PARTICIPATE ~ CODE of ETHICS**

<input checked="" type="checkbox"/>	CARMONT
<input type="checkbox"/>	MENLO/ATHERTON
<input type="checkbox"/>	SEQUOIA
<input type="checkbox"/>	WOODSIDE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SEX: M / F

GRADE: 9 10 11 12 STUDENT # \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, CA ZIP: 94 \_\_\_\_\_

PARENT / GUARDIAN NAME(s): \_\_\_\_\_

HOME PHONE:(\_\_\_\_) \_\_\_\_\_ / WORK PHONE:(\_\_\_\_) \_\_\_\_\_ /CELL:(\_\_\_\_) \_\_\_\_\_

Please indicate each sport / activity that you wish to participate in for the entire school year:

<b>FALL SEASON:</b>	<input type="checkbox"/> CROSS COUNTRY "coed"	<b>WINTER SEASON:</b>	<input type="checkbox"/> BASKETBALL – Boys / Girls Varsity / Frosh-Soph / Freshman
	<input type="checkbox"/> FOOTBALL Varsity / Frosh-Soph / Freshman		<input type="checkbox"/> SOCCER – Boys / Girls Varsity / Frosh-Soph
	<input type="checkbox"/> GOLF Girls		<b>YEAR ROUND:</b>
	<input type="checkbox"/> TENNIS Girls		<input type="checkbox"/> SPIRIT SQUAD – Varsity / Frosh-Soph
	<input type="checkbox"/> VOLLEYBALL Varsity / Frosh-Soph		<input type="checkbox"/> STUDENT GOVERNMENT
	<input type="checkbox"/> WATERPOLO Boys: Varsity / Frosh-Soph Girls: Varsity / Frosh-Soph		<input type="checkbox"/> OTHER _____
 <b>SPRING SEASON:</b>	<input type="checkbox"/> BADMINTON Varsity / Frosh-Soph "coed"		
	<input type="checkbox"/> BASEBALL Varsity / Frosh-Soph		
	<input type="checkbox"/> GOLF Boys		
	<input type="checkbox"/> SOFTBALL Girls: Varsity / Frosh-Soph		
	<input type="checkbox"/> SWIMMING Boys: Varsity / Frosh-Soph Girls: Varsity / Frosh-Soph		
	<input type="checkbox"/> TENNIS Boys		
	<input type="checkbox"/> TRACK & FIELD "coed"		
	<input type="checkbox"/> Lacrosse Boys		

**MEDICAL INSURANCE DECLARATION**

California law requires each athletic team member to have at least \$1,500 of medical and hospital insurance to cover a student for bodily injury while engaged in training for, and being transported to or from an athletic event under school or student organization sponsorship. This is to confirm that the insurance in force on your student meets or exceeds the requirements outlined. **PLEASE BE ADVISED THAT, BY THEIR NATURE, SPORTS CAN BE A DANGEROUS ACTIVITY WHICH COULD RESULT IN A SERIOUS INJURY OR IN AN EXTREME CASE, DEATH.**

**TRANSPORTATION PERMISSION**

School bus transportation may be provided for athletic events.

It should be understood that most of the transportation by "private vehicles" will be by parent volunteer drivers possessing a valid driver's license and with valid automobile insurance coverage and whose automobiles meet the safety standards of the California Highway Patrol. I hereby grant permission for my son/daughter to participate in all travel from home school to the competitors' school or competitive areas away from the home school and back on the dates, location and times as provided by the coach/advisor.

**PLEASE MARK BELOW ALL FORMS OF TRANSPORTATION FOR WHICH YOU GRANT PERMISSION FOR YOUR STUDENT ATHLETE:**

(please circle) YES / NO	School Bus
<b>PRIVATE VEHICLE*</b>	
(please circle) YES / NO	Student permitted to drive him/herself
(please circle) YES / NO	Student permitted to ride with adult driver

**\*\* If parent will be driving other students, and/or student will be driving him/herself, please complete the attached "Personal Vehicle Use" form and return to the AVP office with a copy of drivers license and auto insurance.**

*I shall indemnify and hold harmless the SEQUOIA UNION HIGH SCHOOL DISTRICT, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, or on account of, injuries to or death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.*

*My duty to indemnify and hold harmless, as set forth herein, shall include the duty to defend as set forth in Section 4778 of the California Civil Code, provided, however, that nothing herein shall be construed to require me to indemnify the Sequoia Union High School District, and its officers, agents, employees, and servants against any responsibility or liability in contravention of Section 2782 of the California Civil Code.*

# ATHLETIC PARTICIPATION PHYSICAL EXAMINATION FORM

*Sequoia Union High School District*

Student LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SEX: M / F GRADE: 9 10 11 12 BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## STUDENT HEALTH HISTORY

**Parent / Guardian "MUST" complete prior to the PHYSICAL EXAM by answering the following:**

**Has this student had any:** (please circle response)

**Further explanation of "YES" answers**

- |     |    |   |       |
|-----|----|---|-------|
| Yes | No | Hospitalizations?   | _____ |
| Yes | No | Surgery other than removal of tonsils?                    | _____ |
| Yes | No | Missing body part/organ (ie: eye, kidney)?                | _____ |
| Yes | No | Allergies (medicines, insects, food)?                     | _____ |
| Yes | No | Chest pain or severe shortness of breath with exercise?   | _____ |
| Yes | No | Problems with blood pressure of heart (heart murmur)?     | _____ |
| Yes | No | Dizziness or fainting with exercise?                      | _____ |
| Yes | No | Severe or frequent headaches?                             | _____ |
| Yes | No | Concussion or loss of consciousness?                      | _____ |
| Yes | No | Heat exhaustion, heat stroke or other problems with heat? | _____ |
| Yes | No | Mono., hepatitis, hemophilia?                             | _____ |
| Yes | No | Diabetes?   | _____ |
| Yes | No | Seizures/convulsions?                                     | _____ |

**Is there any known history of:**

- |     |    |   |       |
|-----|----|---|-------|
| Yes | No | Neck or back injury?  | _____ |
| Yes | No | Knee injury?  | _____ |
| Yes | No | Shoulder or elbow injury?   | _____ |
| Yes | No | Ankle injury?   | _____ |
| Yes | No | Dislocation of a joint?   | _____ |
| Yes | No | Catching or locking of a joint?   | _____ |
| Yes | No | Broken bones/fractures?   | _____ |
| Yes | No | Ulcers or hernias?  | _____ |
| Yes | No | Stingers/burners?   | _____ |
| Yes | No | Skin problems?  | _____ |
| Yes | No | Has any family member died suddenly at less than 40 years of causes other than an accident? | _____ |
| Yes | No | Has any family member had a heart attack at less than 55 years of age?                      | _____ |

### PARENT / GUARDIAN'S ACKNOWLEDGEMENT:

I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal health care provider. I know of no reason why the above name student should not participate and represent his/her school in supervised athletic activities.

Parent/Guardian Initials Required: \_\_\_\_\_

#### IMMUNIZATION RECORDS MUST BE CURRENT

\*\* The number of shots will be based upon the child's age when the shots started!

Polio (OPV/IPV) 3 - 4 shots \*\* / DTP/DtaP 3 - 5 shots\*\*

MMR 2 shots required / Hepatitis B 3 shots required / Tdap 1 booster

Varicella 1-2 shots required\*\* (required for out of state transfer students ~ 2<sup>nd</sup> shot 4 weeks to 3 months after 1<sup>st</sup> shot)

**NOTE: A valid ANNUAL PHYSICAL is required for the sport(s) your student is participating.**

Health Care Provider: \_\_\_\_\_ LICENSE # / TYPE: \_\_\_\_\_

Office ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, CA ZIP: 9 \_\_\_\_\_

Office PHONE: \_\_\_\_\_ \*DATE OF EXAM: \_\_\_\_\_

### GENERAL EXAM

(FORM to be completed by examining Health Care Provider)

		NORMAL	/	ABNORMAL (describe)
Pulse: _____	Eyes, Ears, Nose, Throat	_____	/	_____
BP: _____	Skin	_____	/	_____
Height: _____	Lungs	_____	/	_____
Weight: _____	Heart	_____	/	_____
	Abdomen	_____	/	_____
	Genitally/hernia (males)	_____	/	_____

### Suggested MUSCULOSKELETAL EXAM

NL=Normal / AB=Abnormal

<u>ROM / STRENGTH</u>	<u>NL / AB</u>	<u>ROM / STRENGTH</u>	<u>NL / AB</u>	<u>GENERAL FLEXIBILITY</u>	<u>NL / AB</u>
<b>"SPINE"</b>		<b>"LOWER EXTREMITY"</b>			
<u>CERVICAL</u>		<u>HIP</u>		<u>HAMSTRINGS</u>	___/___
Flex / Ext	___/___	Hip Flexors / Gluteals	___/___	<u>QUADRICEPS</u>	___/___
Rotation right / left	___/___	Abb / Abd – Groin/TT	___/___	<u>LUMBAR SPINE</u>	___/___
Lateral flexion right / left	___/___	Int. / Ext. rotation	___/___	<u>ACHILLES</u>	___/___
<u>THORACIC</u>		<u>KNEE</u>			
<u>LUMBAR</u>		<u>PATELLAR TENDON</u>			
Flex / Ext	___/___	Tibial Tuberosity	___/___	<b><u>DESCRIBE ABNORMALS:</u></b>	
Rotation right / left	___/___	<u>MCL / LCL</u>	___/___	_____	
Lateral flexion right / left	___/___	<u>ACL / PCL</u>	___/___	_____	
<u>ABDOMINALS / OBLIQUES</u>		<u>CARTILIAGE TESTING</u>		_____	
		Quads / Hamstrings	___/___	_____	
		Gast / soleus complex	___/___	_____	
<b>"UPPER EXTREMITY"</b>		<u>PATELLA</u>			
<u>SHOULDER</u>		<u>ANKLE</u>			
Forward flexion / ext	___/___	Crepitus	___/___	_____	
Abduction / adduction	___/___	Tracking	___/___	_____	
Internal / Ext rotation	___/___	Plantar/Dorsiflexion	___/___	_____	
Horizontal Abd/Add	___/___	Inversion / Eversion	___/___	_____	
<u>A-C JOINT / CLAVICLE</u>		<u>SUBTALAR JOINT</u>			
<u>STABILITY TESTING</u>		<u>LIGAMENT TESTING</u>			
Biceps flexion / ext	___/___	<u>FEET / TOES</u>	___/___	_____	
<u>ELBOW</u>				_____	
Supination / Pronation	___/___			_____	
<u>WRIST / HAND</u>				_____	

Signature of Examining HEALTH CARE PROVIDER: \_\_\_\_\_ Date: \_\_\_\_\_

#### MEDICAL DISPOSITION TO BE PROVIDED BY HEALTH CARE PROVIDER:

- Cleared for collision, contact and non-contact sports.
- Conditional participation, limited to: \_\_\_\_\_
- NO participation until: \_\_\_\_\_
- NO PARTICIPATION in any sport or physical education because \_\_\_\_\_

SEQUOIA UNION HIGH SCHOOL DISTRICT

**ACADEMIC ELIGIBILITY CRITERIA**

**DEFINITION: Extracurricular activities ~ California State Education Code 35160.5:**

**EC 35160.5 Section:** (1) For purposes of this subdivision, “**extracurricular activity**” means a program that has all of the following characteristics:

- (A) The program is supervised or financed by the school district.
- (B) Pupils participating in the program represent the school district.
- (C) Pupils exercise some degree of freedom in either the selection, planning or control of the program.
- (D) The program includes both preparation for performance and performance before an audience or spectators.

**EC 35160.5 Section:** (2) For purposes of this subdivision, an “**extracurricular activity**” is not part of the regular school curriculum, is not graded, does not offer credit and does not take place during classroom time.

**EC 35160.5 Section:** (3) For purposes of this subdivision, a “**cocurricular activity**” is defined as a program that may be associated with the curriculum in a regular classroom. (Education Code 35160.5)

**EC 36160.5 Section:** (4) Any teacher graded or required program or activity for a course which satisfies the entrance requirements for admission of the California State University or the University of California is not an extracurricular or cocurricular activity as defined by this section.

**ACADEMIC ELIGIBILITY ~ NO probationary period will be granted**

Students desiring to participate in extra and/or co curricular activities must meet ALL of the following:

1. the student has maintained during the **previous grading period a minimum of 2.00 GPA**, on a 4.0 scale in ALL ENROLLED COURSES. “Previous grading period” means last report card (quarter or semester) issued during the regular school year;
2. the student is currently enrolled in a least 25 semester units of coursework or equivalent;
3. the student passed at least (4) four five-unit classes at the completion of the previous grading period (quarter/semester)
4. the student must be on track toward graduation as it relates to credits earned. A student will be declared “ineligible” if he/she has fallen more than 15 credits behind at the end of any grading period.

Since we require 220 credits to graduate (55 units per year) it means that:

- **9<sup>th</sup> graders / Freshman participating in the FALL sport season, are given a one time academic eligibility “waiver”, until the posting of 1<sup>st</sup> quarter grades.**
- **10<sup>th</sup> graders / Sophomores must have completed at least 45 credits**
- **11<sup>th</sup> graders / Juniors must have completed at least 106 credits**
- **12<sup>th</sup> graders / Seniors must have completed at least 150 credits**

5. the student must comply with all of the SUHSD and school behavior and attendance policies. This includes the adherence to the CCS/CIF’s “Code of Ethics”.

The grade point average used to determine eligibility shall be based on grades of the previous grading period during which the student attended classes at least a majority of the time. (Education Code 35160.5)

**NOTIFICATION of OUTSIDE COMPETITION Article 6 / CIF Rule 600:**

*A student on a high school team becomes ineligible if the student competes in a contest on an “outside” team, in the same sport, during the student’s high school season of sport. If the outside team has half or more of the team members as stated in the National Federation rule book for that sport, it shall be considered the same sport. Examples: three on three basketball – outside team competition prohibited; two on two volleyball – outside team competition permitted. For purposes of this rule touch football and flag football are considered to be a different sport than tackle football. In the sport of soccer only, it is permissible for a student on a high school team to compete in a contest on an “outside” soccer team except during the period of November 15 through March 15. During the period of November 15 through March 15, a student on a high school soccer team becomes ineligible if the student competes in a contest on an “outside” soccer team during the student’s high school season for soccer. This rule shall not be in effect for those sports conducted outside the State adopted season of sport.*

❖ **ALL sports uniforms and equipment MUST be turned into your coach within one week of the end of the season.**

❖ Failure to turn in a uniform and or equipment will result in your being charged the full cost of the uniform and you will be INELIGIBLE to participate in any other athletic or co-curricular activity. Your name will be added to the treasurer’s FINES LIST and your grades, diploma and transcript will be withheld in accordance with (Education Code 48904 & 48904.3)

Student Name \_\_\_\_\_

## **Procedures for ATHLETIC / ACTIVITY Clearance**

Please complete the attached paperwork: Return to AVP secretary in Admin office Do **NOT** give your packet directly to your coach, as this will only delay the clearance process and your participation!

**There is a 3 (three) day turn around to process this paperwork once it is turned in to the AVP office.**

### ***SPORT PACKET TURN IN DEADLINES***

- Fall Sports: August 1, 2011 completed clearance packets can be turned into the office  
August 5, 2011 deadline for completed clearance packets to be turned in, in order to be processed for the first day of tryouts  
August 12, 2011 Fall sport tryouts begin  
September 2, 2011 – Last day to turn in a clearance packet for a fall sport.
- Winter Sports: October 10, 2011 - completed clearance packets can be turned into the office  
October 24, 2011 – Deadline for completed clearance packets to be turned in, in order to be processed for the first day of tryouts.  
October 31, 2011 – Winter sport tryouts begin  
November 4, 2011 – Last day to turn in a clearance packet for a winter sport
- Spring Sports: January 11, 2012 – Completed clearance packets can be turned into the office  
January 23, 2012 – Deadline for completed clearance packets to be turned in, in order to be processed for the first day of tryouts  
January 30, 2012 - Spring sport tryouts begin  
February 3, 2012 – Last day to turn in a clearance packet for a spring sport

**Student must go to the following school offices (Library, AVP office, and Treasurer) for signatures as part of the clearing process**

Student is clear of Library/Textbook fine \_\_\_\_\_ PAL sticker purchased \$35.00 \*\* (room A9) \_\_\_\_\_

Student is clear of all detentions (AVP office) \_\_\_\_\_ Student is clear of school related fines(A9) \_\_\_\_\_

**\*\*Make checks payable to Carlmont High School\*\***

### **Student and Parent/Guardian signatures required**

I have read, understand, and agree to abide by all rules and policies attached. The rules and policies include (but are not limited to) academic eligibility criteria, Code of Conduct, PAL Code of Ethics. I understand that I am expected to perform according to these codes and policies, and I understand that there may be sanctions or penalties if I do not.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RESIDENTIAL ELIGIBILITY: Check the box that applies.

Incoming 9<sup>th</sup> grader

Have only attended Carlmont High School

Foreign Exchange

Transfer from \_\_\_\_\_

**Note: Additional CIF/CCS paperwork (available in Vice Principal's office) is required for Transfer/Foreign Exchange students.**

**A 2<sup>nd</sup> and/or 3<sup>rd</sup> modified clearance process will apply to athlete's participating in multiple sports.**

# Athletic Training Contract & Emergency Information

Student Name \_\_\_\_\_ Student I.D. Number \_\_\_\_\_

Carlmont High School and BAK Physical Therapy provide Athletic Training services for student athletes if an athlete is injured at practice or during a school sponsored competition. These services include:

1. On-field Injury management
2. Evaluation of Injury
3. Post-Injury Treatment Plan

COPIES OF THIS FORM WILL GO TO THE ATHLETIC TRAINER, COACH & AVP OFFICE

By signing below, the BAK Athletic Trainer for Carlmont High School will be given authorization to evaluate and assist in treatment of any school related injury for the student named above. Following the evaluation of an injury, the parent/guardian and coach will be notified of the status of the injury and of an appropriate treatment plan. If this form is not signed by the parent/guardian, the BAK Athletic Trainer will not be allowed to assist the above named student athlete. For further information please contact Ralph Crame, AVP of Athletics, at (650) 595-0210 ext. 3215 or via email at [rcrame@seq.org](mailto:rcrame@seq.org).

I hereby grant permission to the athletic training personnel to assess the injury and make appropriate recommendations upon assessment deemed necessary to the health and well being of the named athlete. I understand this assessment is not intended to replace a physician's diagnosis/care and should not be viewed as substitute. In the event that the athletic training personnel determine that further medical attention is deemed necessary the athlete will be referred to a physician immediately. I understand that in the event that no progress has been made within 2 weeks of the initial evaluation the athletic training personnel reserves the right to defer treatment at that time, and the appropriate referral will be made. I further release Carlmont High School, BAK Physical Therapy, and employees from any liability for damage and injury to the named athlete and hereby accept the full responsibility for any damages or injury sustained as a result of participation in sports and extracurricular activities. I attest that the student information is correct to the best of my knowledge. I have reviewed all information and hereby give consent for the extracurricular activities. I attest that the student information is correct to the best of my knowledge. I have reviewed all information and hereby give consent for the assessment of injury to the named student athlete.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## EMERGENCY CONTACT INFORMATION

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: [ ] male [ ] female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Information

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Medical Information

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Medical/Hospital Insurance Provider: \_\_\_\_\_ Group/policy #: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF THE STUDENT'S MEDICAL INSURANCE CARD**

## Code of Conduct and PAL Code of Ethics for Student for Student/Athletes and Parent/Guardian:

Student/Athlete and Parent/Guardian have read and understand the requirements of the CIF/CCS Code of Conduct and the PAL Code of Ethics from the subsequent pages. Student and parent/Guardian understand that they are expected to perform according to this code and that there may be sanctions or penalties if not followed.

### Code of Conduct for Interscholastic Student Athletes: California Interscholastic Federation (CIF)/Central Coast Section (CCS)

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

**1. Trustworthiness:** be worth of trust in all I do.

**Integrity:** live up to high ideals of ethics and sportsmanship. Always pursue victory with honor. Do what's right even when it's unpopular or personally costly.

**Honesty:** live and compete honorable. Don't lie, cheat, steal or engage in any other dishonest/unsportsmanlike conduct.

**Reliability:** fulfill commitments. Do what you say you will do. Be on time to practices and games.

**Loyalty:** be loyal to your school and team. Put the team above personal glory.

**2. Respect:** treat all people with respect all the time. 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/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 celebration, 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/decisions during or after an athletic event.

**3. Responsibility:** faithful to obligations; trustworthy; reliable.

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

**Role-Modeling:** participation in sports is a privilege, not a right. Students are expected to represent their school, coach, and team with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. **SUSPENSION OR TERMINATION OF THE PARTICIPATION PRIVILEGE IS WITHIN THE SOLE DISCRETION OF THE SCHOOL ADMINISTRATION.**

**Self-Control:** exercise self-control. Don't fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to retaliate.

**Healthy Lifestyle:** safeguard your health. Don't use any illegal or unhealthy substances including alcohol, tobacco, and drugs. Don't 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.

**4. Fairness:** live up to high standards of fair play. Be open-minded. Always be willing to listen and learn.

**5. Caring:** supporting others on team.

**Concern for others:** demonstrate concern for others. Never intentionally injure any player or engage in reckless behavior that might cause injury to yourself or others.

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

**6. Citizenship:** the quality of an individual's response to membership on a team.

**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 sportsmanship techniques that violate the highest traditions of sportsmanship.

## **Peninsula Athletic League High School Code of Ethics** **for Adults, Parents and Athletes**

It is the duty of all concerned with high school athletics to emphasize the proper ideals of sportsmanship, ethical conduct, and fair play. Athletes and parents are expected to respect the integrity and judgment of officials, to show courtesy to visiting teams, and to recognize that an athletic contest is only a game, the purpose of which is to promote the physical, mental, moral, social, and emotional well-being of the individual athletes.

### **Athlete's Code:**

- I will emphasize the proper ideals of sportsmanship, ethical conduct, and fair play.
- I will show courtesy to visiting teams and officials.
- I will understand thoroughly the rules of the game.
- I will remember that an athletic contest is only a game.
- I will refrain from the use of language that degrades, baits, intimidates, or is profane.
- I will refrain from the use of drugs, alcohol, and tobacco in any form.
- I will give complete allegiance to my coach who is the sole instructional authority for my team. I will discourage fans, fellow students and parents from undercutting my coach's authority.
- I will refrain from criticism of my team mates.
- I will refrain from any activity that may incite spectators.

### **Adult's/Parent's Code:**

- I will emphasize the proper ideals of sportsmanship, ethical conduct, and fair play.
- I will remember that an athletic contest is only a game.
- I will show courtesy to visiting teams and officials.
- I will not criticize officials, directly abuse, or use profane language towards them, or otherwise undermine their authority.
- I will not indulge in criticism that would undermine the authority of the coach. I will direct all of my criticism to the proper school Administrator.
- I will keep a positive outlook on the school's athletic program. Constructive criticism for the program will be directed to the Athletic Director or the school Administration.
- I will not enter onto the field or court, stand on the sidelines, or yell from the bleachers to coach or provide instructions for my son/daughter or other members of the team.



To Be Completed By
_____/_____/_____ Date

### PERSONAL VEHICLE USE FORM

On July 1, 1998, new laws were imposed concerning provisional drivers (under 18 years of age). The following restrictions apply to all SUHSD students who are under 18 years of age:

- During the first 6 months you are licensed to drive you must be accompanied by a driver 25 years of age or older if you drive between the hours of 12 a.m. and 5 a.m. or if you have passengers under the age of 20 in the car at any time.
- During the second 6 months, you must still be accompanied by a driver 25 years of age or older if you drive between the hours of 12 a.m. and 5 a.m., however, now you may have passengers under the age of 20 in the car without supervision between the hours of 5 a.m. and midnight.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Year/Make of Vehicle: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_

Insurance Carrier/Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Liability Limits: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Driving Restrictions: \_\_\_\_\_

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the Sequoia Union High School District (SUHSD) in the course of my duties I may utilize my personal vehicle, I must have liability insurance coverage in force as required by the State of California and agree to advise the SUHSD, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_ Purpose: \_\_\_\_\_

Site Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

*District Office Administrator's Approval (if applicable)*

Approved Until: \_\_\_\_\_ Not Approved: \_\_\_\_\_

**Note:** If you drive your personal vehicle while on SUHSD business and you are involved in an accident, by law your liability insurance policy is used first. The SUHSD liability policy would be used only after your policy limits have been exceeded. The SUHSD does not cover, nor is it responsible for comprehensive and collision coverage to your vehicle.

All persons driving on SUHSD business will (1) follow the most direct route; (2) avoid all unnecessary stops; (3) not carry unauthorized non-SUHSD personnel or students or guests as passengers; (4) not carry more than nine (9) students, no matter what the size of the vehicle; and (5) ensure that all vehicle occupants use seat belts.

**Note:** Please attach a photocopy of the following: (1) "Proof of Insurance" form presently being provided by your automobile insurance company that indicates expiration date of insurance and limits and (2) driver's license. SUHSD administration may obtain employee driving record checks from the California Department of Motor Vehicles, which are a matter of public record.