

STUDENT NAME

LAST

FIRST

GRADE 2019-20

PLEASE SIGN IN ALL INDICATED PLACES—FAILURE TO DO SO WILL RESULT IN AN UNNECESSARY DELAY OF PARTICIPATION

MORRO BAY HIGH SCHOOL ATHLETIC CONTRACT

The philosophy and standards of the Morro Bay High School Athletic Program requires that athletes keep themselves physically, morally, and mentally prepared. The following codes have been developed to serve as a guide for student athletes and to assist them in making the commitment necessary for personal success as it contributes to the total athletic program.

I. GROUNDS FOR SUSPENSION OR DISMISSAL

- A. Athletes who possess, use, sell or otherwise furnish or are found to be under the influence of alcoholic beverages, drugs, or anabolic steroids will result in a minimum forty-two (42) calendar day suspension from all athletic team participation.
1. For any violation which occurs at a school event, the penalty shall be a forty-two (42) day suspension from all school extra-curricular events, including games.
2. For any violation that occurs in a non-school related situation, the penalty shall be an immediate suspension from 10% of the number of games in the regular season.
3. If a second violation occurs during the season, the athlete will be dropped from the team and he/she will not be eligible for a block letter award or other honors in that sport that season.
B. At a school related or non-school related situation, possession or use of tobacco shall result in immediate suspension from 10% of the number of games schedules in the regular season.
C. Vandalism of any type or form of school property will result in a forty-two (42) day calendar suspension from all games.
D. If a student quits a seasonal sport after the second scheduled event of the sport, he/she is ineligible to participate in any other sport for the duration of the sport which the student has quit.
E. If a coach drops a player for disciplinary reasons, the student will not be eligible to participate in another sport during the season of sport in which the student was dismissed.
F. Participation in extracurricular athletics is a privilege. The Athletic Director and/or coach has the authority to revoke that privilege when the athlete does not comply with team and/or school rules.

II. STUDENT/ PARENT ACKNOWLEDGMENT

I, as student, have read and understand the athletic standards found in the MBHS Student/Parent Handbook and understand all rules and regulations set forth in the athletic contract.
I, as parent/guardian, have read and understand the above codes and realize that my son/daughter will be subject suspension or dismissal from the athletic program upon any of the above listed violations. I have also read and understand the athletic standards found in MBHS Student/Parent Handbook.

Date Student Signature Date Parent/Guardian Signature

CALIFORNIA INTERSCHOLASTIC FEDERATION - CENTRAL SECTION ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the 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 and 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 the 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 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.

By signing below, both the participating student-athlete and the parents or 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 By-Law 202, there could be penalties for fraudulent information. We also understand that the San Luis Coastal Unified School District and the Morro Bay High School policy regarding the use of illegal drugs will be enforced for any violation of these rules.

Date Student Signature Date Parent/Guardian Signature

MORRO BAY HIGH SCHOOL INTERSCHOLASTIC SPORTS PERSONAL INFORMATION

PLEASE PRINT:

STUDENT'S NAME: _____ BIRTHDATE _____ AGE _____ GRADE '19-'20 _____

LAST

FIRST

HOME ADDRESS _____ HOME PHONE: _____

PARENT/GUARDIAN NAME _____ WORK PHONE: _____

FAMILY PHYSICIAN _____ PHONE: _____

SPORT(S) _____

I. PARENTAL CONSENT

I hereby give my consent for the above named student to participate in the athletic programs of San Luis Coastal Unified School District, to go with a representative of the school on any athletic trip, and to have him/her treated in case he/she is injured. I understand that a physical examination must be done by a qualified physician before my son/daughter takes part in interscholastic sports, and that a physical examination, along with this medical history will become part of his/her continuing medical record for the current school year. *The examination is a parental responsibility.*

Date

Parent/Guardian Signature

II. INSURANCE VERIFICATION

California Education Code §32220-24 and §35330-31 require insurance coverage in the amount of at least \$1,500 of scheduled medical and hospitalization expenses resulting from accidental bodily injury to members of any athletic team injured while participating in or practicing for interscholastic events or while being transported to and/or from said athletic events.

This is to certify that the insurance I/we carry on _____ with _____

Student's Name Insurance Company Policy #

Complies with Education Codes §32220-31 and §35330-31 as described above. *I understand the school does not carry any insurance for these state requirements and I/we, therefore, waive any claim on the San Luis Coastal Unified School District or the school student body or any individual associated with schools.*

Date

Parent/Guardian Signature

TACKLE FOOTBALL – PLEASE NOTE: *Many insurance companies exclude tackle football. Read your policy carefully; you may need additional insurance coverage. Also, be aware that district student insurance specifically excludes tackle football. Meyers-Stevens, Toohey & Co., Inc. is private insurance company offering voluntary, parent-pay insurance coverage for students, including coverage for tackle football. Football coverage is available through them. Information on this insurance may be obtained in the athletic office. I, also, agree to indemnify and hold harmless the San Luis Coastal Unified School District from any and all responsibility or liability arising out of or in any way related to the requirement under the aforementioned code sections to provide insurance coverage for the above-named student.*

Date

Parent/Guardian Signature

CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF) CLEARANCE

1. **AGE VERIFICATION**

- A. 9th Grade Student → Will the student be 16 on or before August 19, 2019? YES NO
- B. 10th Grade Student → Will the student be 17 on or before August 19, 2019? YES NO
- C. 11th Grade Student → Will the student be 18 on or before August 19, 2019? YES NO
- D. BIRTHDATE _____

2. **HIGH SCHOOL ATTENDANCE** (Does not apply to incoming freshman).

Please circle the number of semesters the student has attended *high school*.
 Note: Enrollment for six (6) or more days shall count as one (1) semester.

1 2 3 4 5 6 7 8

- 3. Has the student *ever* stopped attending *high school* since he/she first enrolled? YES NO

4. **RESIDENCY**

- A. Has the student changed school(s) during his /her *high school* career? YES NO

If YES, please explain: _____

- B. The student is living with (check one):
 Both parents Parent w/ guardianship
 Legal guardian Other _____

- C. Has the student had a change of parent, guardian or caretaker since 9th grade? YES NO

- D. Does student live within the boundaries of the San Luis Coastal Unified District? YES NO

5. **MISCELLANEOUS**

- A. Is the student an amateur (does not belong to a professional team)? YES NO
- B. Does the student participate on a non-MBHS team in the same sport during the high school season for that sport? YES NO
- C. ***IF*** the student is a foreign exchange student:
 - 1. Has the student received a certificate equivalent to a high school diploma from his/her home country? YES NO
 - 2. What is the name of the sponsoring foreign exchange program?
 - 3. _____

I hereby certify that the above information is correct. I understand that providing false information will result in the loss of this student's eligibility to participate in the athletic programs in the San Luis Coastal Unified District and could affect the team's eligibility to compete in CIF activities.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ Phone (W) _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

- | | Yes | No | | | | | |
|---|--------------------------|--------------------------|-----------|-------|------------|---------------|------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 9. Has a doctor ever told you that you have (check all that apply):
<input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur
<input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection | | | | | | | |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/ Fingers | Chest |
| Upper Back | Lower Back | Hip | Thigh | Knee | Calf/ Shin | Ankle | Foot/ Toes |
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| FEMALES ONLY | | |
| 47. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? _____ | | |
| 49. How many periods have you had in the last 12 months? _____ | | |
| Explain "Yes" answers here: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

(MORRO BAY HIGH SCHOOL)

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

<ul style="list-style-type: none">● Headaches● “Pressure in head”● Nausea or vomiting● Neck pain● Balance problems or dizziness● Blurred, double, or fuzzy vision● Sensitivity to light or noise● Feeling sluggish or slowed down● Feeling foggy or groggy● Drowsiness● Change in sleep patterns	<ul style="list-style-type: none">● Amnesia● “Don’t feel right”● Fatigue or low energy● Sadness● Nervousness or anxiety● Irritability● More emotional● Confusion● Concentration or memory problems (forgetting game plays)● Repeating the same question/comment
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">● Appears dazed● Vacant facial expression● Confused about assignment● Forgets plays● Is unsure of game, score, or opponent● Moves clumsily or displays incoordination● Answers questions slowly● Slurred speech● Shows behavior or personality changes● Can’t recall events prior to hit● Can’t recall events after hit● Seizures or convulsions● Any change in typical behavior or personality● Loses consciousness

(MORRO BAY HIGH SCHOOL)
Concussion Information Sheet

**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 it's 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

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR**

STUDENT _____ SCHOOL/CLASS OR SPORT _____

In the event reasonable attempts to contact me/us (parents/guardians) are unsuccessful, or until a parent/guardian can directly respond to the treatment facility or physician, I, the undersigned parent/guardian, grant full authorization for (1) the administration of any medical treatment deemed to be necessary by a medical physician or dentist; (2) the transfer of my child to any medical physician or dentist for diagnosis or treatment; and (3) the transfer of my child to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance for any specific diagnosis, treatment, or hospital care required but is given to provide authority and power on the part of school authorities and medical/dental providers to give reasonable care. I also hereby agree to release and hold harmless any medical or dental provider from any and all liability except for liability arising from the sole negligence of the medical provider administering emergency medical treatment authorized by this document.

Date _____ This authorization is effective until _____

Student's Address _____

Home phone _____ Business/other phone(s) _____

Student's primary physician _____ Phone _____

Medical condition(s)/needs of student/allergies _____

Health insurance and policy/group number _____

Parent/guardian signature _____

DISTRIBUTION: original to school office; copy to teacher/coach

BusSvcs 8/20/2008

PARENT/GUARDIAN APPROVAL FOR STUDENT PARTICIPATION IN FIELD TRIP

_____ has my permission to participate in athletic field trips sponsored by the San Luis Coastal Unified School District.

District, including side trips connected therewith. It is my understanding that the field trips are made pursuant to the provisions of Education Code §35330 and §35350 and that such sections provide that all persons making the field trip shall be deemed to have waived all claims against the San Luis Coastal Unified School District, the San Luis Obispo County Superintendent of Schools or the State of California for injury, illness or death occurring during or by reason of these field trips. It is my further understanding that pupils will be under school supervision during these trips and transportation is being furnished by or as authorized by the San Luis Coastal Unified School District, including transportation by private vehicle and volunteer driver.

Date

Parent/Guardian Signature