



Pleasanton Unified School District
Interscholastic Athletics/Co-Curricular Activities Code of Conduct

Participation in interscholastic athletics and co-curricular activities in the Pleasanton Unified School District is a privilege. Participating students represent our community, our school, specific teams, and themselves. With this privilege comes the responsibility of upholding the highest standards and the six expected behaviors of good character – Responsibility, Compassion, Self-Discipline, Honesty, Respect and Integrity. In order to participate in these programs, students must commit to and agree to the conditions outlined below and sign at the bottom of this page. A parent/guardian must also sign the bottom of this form acknowledging awareness of the policy.

Academics: I will maintain a grade point average of at least 2.0 with no grade of an “F” in the preceding grading period(Quarter 1, Semester 1, Quarter 3, Semester 2) and be making progress toward graduation/promotion in order to try-out and participate.

- Consequence for failing to follow this standard is that the student is unable to participate in interscholastic athletics until this standard is met. Students must, however, participate in co-curricular graded activities unless otherwise directed by the principal or designee.
- Students may apply for one grading period of probation as outlined in the student handbook.

Alcohol/Drugs: I will not be in possession of or under the influence of any controlled substance, drug paraphernalia, alcoholic beverage, or intoxicant of any kind.

- Consequence for failing to follow this standard is a 30-day suspension from the team or activity on the first occurrence and removal from the team or activity on the second occurrence.

Tobacco: I will not smoke or be in possession of tobacco products.

- Consequence for failing to follow this standard is a one-week suspension from the team or activity on the first occurrence and a 30-day suspension from the team or activity on the second occurrence.

Discipline: I will be a positive school citizen at all times and abide by District Behavior Policy/Regulation 5150, school rules, and state and federal laws. Consequences for failing to meet this standard are as follows:

- Five/seven/ten detentions-Administrative review to determine consequence.
- One day suspension-Suspension from team or activity for one week.
- Multiple (more than one day) day suspension (first infraction)-Suspension from team or activity for 30 days.
- Second suspension occurrence-Removal from team or activity.

Sportsmanship/Community of Character: All student competitors and spectators must conduct themselves in a sportsmanlike manner at all times. Student athletes are to conduct themselves in a sportsmanlike manner as described by the North Coast Section and the California Interscholastic Federation and in Pleasanton’s character expectations.

- The consequence for failing to follow this standard is a one-week suspension from the team or activity on the first occurrence and a 30-day suspension from the team or activity on the second occurrence.

Additional standards and expectations for student participants:

- With the privilege of participation in interscholastic athletics/co-curricular activities comes the responsibility of representing your community, your school, and yourself in a positive manner at all times. Consequences for failure to do so will be determined by the school administration.
- Students are expected to contact or leave a message in advance for the teacher or coach should it be necessary to miss an activity.
- Student athletes who decide to quit a team without the coach’s approval may not participate in another sport until the next sport season or 30 days-whichever is greater.
- At the high school level, student athletes, by NCS and CIF rule, may not participate on any outside team in the same sport while representing their school unless NCS has granted an exception.
- A teacher may recommend that an athlete be held out of practice or contest for any of the following reasons: class conduct, lack of academic achievement, or lack of participation in a class activity. The teacher, coach, and athletic director or administrator will meet to determine the action to be taken.
- A pupil shall participate in a minimum of four periods of school in order to be eligible to take part in any athletic activity for that day. Any extenuating circumstance should be discussed with an administrator.

Participants will be held accountable for abiding by the regulations in the “Student Handbook for Interscholastic Athletics/Co-Curricular Activities.” Procedures for review or appeal are outlined in the handbook.

Pleasanton Unified School District Code of Conduct Agreement Sport/Co-Curricular Activities _____

I realize that by participating in any school activity, I am a representative of my school and community; there fore, I understand the above standards and expectations are my responsibility. I will embrace Pleasanton’s Community of Character expectations: Responsibility, Compassion, Self-Discipline, Honesty, Respect, and Integrity. I have read the Student Handbook and will abide by its regulations. I also agree to follow this Code of Conduct and will accept the consequences should I choose not to follow these standards.

Student Signature _____ Date _____

As parent or guardian of a PUSD student, I have read the Code of Conduct, and I am familiar with the Student Handbook for Interscholastic Athletics and Co-Curricular Activities, and I will support my student in reaching these standards.

Parent/Guardian Signature _____ Date _____



Amador Valley High School Athletics Eligibility Screening Form

Name: _____ Grade: _____ Phone: _____

Address: _____ Date of Birth: _____

School attended LAST school year: _____

Have you attended any other high schools? If Yes, list school name and dates attended:

Sports you plan to play this school year:

- Fall
- Boys Water Polo
 - Cross Country
 - Football
 - Girls Golf
 - Girls Tennis
 - Girls Volleyball
 - Girls Water Polo
 - Spirit Squad

- Winter
- Boys Basketball
 - Boys Soccer
 - Girls Basketball
 - Girls Soccer
 - Wrestling

- Spring
- Baseball
 - Boys Golf
 - Boys Lacrosse
 - Boys Tennis
 - Boys Volleyball
 - Girls Lacrosse
 - Softball
 - Swimming/Diving
 - Track

TRANSFER STUDENTS-ATHLETIC ELIGIBILITY

Transferring from one school to another may affect your athletic eligibility under North Coast Section and/or California Interscholastic Federation rules. It is **YOUR RESPONSIBILITY** to see your new school principal for a copy of the rules. The period of ineligibility is one calendar year. Students who intend to participate in athletics **MUST SEE THEIR PRINCIPAL IMMEDIATELY IF:**

1. They change their residence while attending current school;
2. They plan to transfer to another school without changing their residence;
3. They are or have moved from one parent/guardian to another parent/guardian.

Failure on the part of an athlete to report his/her change of residence to the principal of the school he/she is attending may result in:

1. Forfeiture of all contests won by the team on which the ineligible student played;
2. Athletic ineligibility status for the athlete for at least one calendar year in any California senior high school even though he/she is allowed to remain in that school.

I understand that as my student changes residence, I am responsible for immediately informing the principal of the school that the student is currently attending.

Signature of Parent/Guardian

Date

Relation to student



NON-USE STEROID AGREEMENT

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As a condition of membership in the California Interscholastic Federation (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 permission of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

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 also recognize that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Amador Valley High School/Pleasanton Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Name of Student Athlete: _____ Sport(s): _____

Signature of Student-Athlete _____ Date _____

Signature of Parent/Legal Guardian/Caregiver _____ Date _____

EJECTION POLICY NOTIFICATION FORM*
(North Coast Section Ejection Policy)
AMADOR VALLEY HIGH SCHOOL

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995-1996 school year, and will include non league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc.

- 1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct. Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post season [league, section or state] playoff, etc.).
2. Illegal participation in the next contest by a player ejected in a previous contest. Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season. Penalty: The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench to begin or participate in an altercation. Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season [league, section or state] playoff, etc.).
5. Coaches are responsible for determining the cause of ejection for any of their players and are responsible for enforcement of the Ejection Policy. Confusion over the cause for a player's ejection shall not be the basis for allowing a student who has been ejected under an applicable rule to avoid the sanctions required by the Ejection Policy (either prohibition from participation or forfeiture) should a student who is in violation of the Ejection Policy play in a subsequent contest. (BOM 10/24/97)

I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.

Student Signature _____ Date _____

Sport(s): _____ Level: _____

*These signed policy statements are to be maintained at each school. An Ejection Policy Notification Form-SCHOOL (see page 5) is to be filed according to league policy, either with the league commissioner or with the NCS.



Athletic Insurance Information/Waiver

Your school site registration packet includes a letter and insurance brochure for the 2009-2010 school year regarding student participation in voluntary athletic events and activities. Included in the Athletic packet procedure you will find Pleasanton Unified School District's *Athletic Participation Agreement*. It requires each student to indicate whether he or she has medical insurance so the district can confirm that it is in compliance with Education Code requirements pertaining to student insurance.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils may qualify to enroll in no-cost or low-cost local, state or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1.800.880.5305.

If you have any questions, please contact Luz Cazares, Assistant Superintendent of Business Services for the Pleasanton Unified School District at 925.426.4307.

Student's Name: _____

I have sent a check for accident insurance as indicated below in order to meet the requirements of the California law [check the appropriate response(s)].

- Tackle Football Insurance (Covers tackle football only).
- School Time insurance (Covers sports other than football).
- Full Time Insurance (Covers sports other than football).

OR

I have health or accident insurance for my daughter or son which meets the requirements of California law and elect not to purchase student insurance (List company name, policy or group number).

Company Name: _____ Policy Number _____

I will promptly notify the school in the event insurance coverage no longer applies to my son or daughter.

Signature of Parent or Guardian Date _____

ATHLETIC INSURANCE INFORMATION STATEMENT

The California Education Code Section 32221 requires public schools to make available for each member of an athletic team, insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

- a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
- b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand, five hundred dollars (\$1,500).
- c) At least one thousand, five hundred dollars (\$1,500) for all such medical and hospital expenses.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for him in any other way or manner, including, but not limited to, purchase by himself or by his parent or guardian.

Complete the information requested on this form and **return the form to the school.**



Athletic Training Contract/Emergency Information

Dear Parents,

Tri Valley Orthopedic Specialists provides Athletic Training services for Amador Valley High School 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, and 3) Post-injury treatment plan in conjunction with our rehabilitation department (Physical Therapy). The purpose of this letter is to inform you of our services and to **request your authorization to treat your son/daughter in our sports medicine clinic or athletic training room, in the event an injury should occur.** Following the evaluation of your son/daughter's injury, we will notify you *and* your son/daughter's coach regarding their status and an appropriate treatment plan. ***WE ARE UNABLE TO TREAT YOUR SON or DAUGHTER WITHOUT THIS COMPLETED AND SIGNED AUTHORIZATION.***

Please sign this letter, complete the emergency information and return ***THREE (3) COPIES*** of it to Student Activities at Amador Valley High School. **If you have any further questions relating to this program, please contact Diana Hasenpflug, MS, ATC, at 925.895.9244.** Thank you for your assistance in caring for our athletes.

Diana Hasenpflug, MS, ATC
Athletic Trainer, Amador Valley High School

Student Name: _____ Student ID: _____

RELEASE OF LIABILITY

I hereby grant permission to the athletic training personnel to assess the injury and make appropriate recommendations upon assessment deemed reasonably necessary to the health and well being of the athlete named. 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 Tri-Valley Orthopedic Specialists 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 assessment of injury to the named student athlete.

 Signature of Parent/Guardian Date

 Signature of Student Athlete Date

Emergency Contact Information

Last Name: _____ First Name: _____ M.I.: _____

Gender: _____ Age: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Parent/Guardian: Home Phone: _____ Cell Phone: _____ Work Phone: _____

If neither parent can be reached by phone in case of emergencies, please call the following contact:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Additional Instructions: (hospital preference, etc.) _____

Medical History: (circle yes or no for each question)

- | | |
|---|---|
| 1. Has your Child ever been hospitalized? Yes / No | 6. Has your child ever had surgery? Yes / No |
| 2. Has Your child ever had chest pain during or after exercise or had high blood pressure? Yes / No | 7. Has your child ever been told they have a heart murmur? Yes / No |
| 3. Has your child ever had a seizure? Yes / No | 8. Has anyone in your family died of heart problems or sudden death before age 50? Yes / No |
| 4. Does your child have trouble breathing during/after Activities? Yes / No | 9. Has your child ever had any other medical problems? Yes / No |
| 5. Does your child have any allergies? Yes / No | 10. Is your child presently taking any medications? Yes / No |

If you answered YES to any of the above, please explain and/or list any medications or allergies: _____



RETURN THIS FORM TO THE SCHOOL
ATHLETE PHYSICAL EXAMINATION FORM
PHYSICIAN'S FINDINGS/ASSESSMENT

Athletic Packet
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Fill out this section before going to the doctor.

Name: _____ Date of Birth: _____ Student ID #: _____
 Sport(s): _____ School: Amador Valley High School Grade: _____
 Emergency Contact: _____ Cell Phone: _____ Home Phone: _____
 Allergies: _____ Medications: _____

Date of Exam: _____ Height: _____ Weight: _____ Pulse: _____ BP: ____/____

Hearing: Passed Right/Left ≤ 25 dcbls (all frequencies) Vision: R 20/____ L 20/____ Both 20/____ Corrected: Y/N
 Failed _____ Not Done U/A: normal _____

Required Immunizations: Measles, Mumps, Rubella; Hepatitis B, Polio, and tetanus.

Received Varicella Vaccine/or Varicella illness after 1 yr. of age Date of Last Teatnus _____

Up to date (see attached Vaccine Documentation) Not up to Date. Vaccines needed: _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
General Appearance		
Head/eyes/ears/nose/throat		
Neck		
Respiratory		
Heart		
Pulses		
Abdomen		
Skin		
Neuro		
Lymph Nodes		
Genitourinary (males only)		

MUSCULOSKELETAL

Back(+scoliosis screen)		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Assessment/Plan:

- Cleared for all sports without restrictions
 Not cleared for All Sports Certain Sports _____ Reason: _____
 Deferred requires further evaluation (See Recommendations Below):
 Cleared with restrictions (See Recommendations Below):
 Recommendations: _____

Name of Physician (print) _____ Address _____ Phone _____

Signature of Physician: _____, M.D. or D.O. Date _____

I grant permission to release the information above to School Personnel

Parent/Guardian Signature: _____

COMPLETE THIS FORM PRIOR TO GOING TO THE DOCTOR
PROVIDE FORM TO DOCTOR COMPLETING PHYSICAL DO NOT RETURN TO THE SCHOOL.
SPORTS PHYSICAL

Name: _____ Date of Birth: _____ Student ID: _____

Sport(s): _____ School: **Amador Valley High School** Grade: _____ Gender: _____

Fill Boxes with a Y or N. EXPLAIN YES ANSWERS BELOW. CIRCLE QUESTIONS YOU DO NOT UNDERSTAND

1. Has a doctor ever denied or restricted your participation in sports?		Infection Risk	
2. Do you have a medical condition (athsma/diabetes?)		1. Do you have a history of recurrent or persistent rashes, pressure sores, herpes or other skin infections?	
Cardiac Risk:		2. Have you ever been diagnosed or treated for a MRSA infection?	
1. Has any relative died of a heart condition suddenly before age 50?		3. History of Mono (EBV) in the last 4 weeks?	
2. Do you or your relatives have a history of:		4. History of recurrent unexplained fevers, or chronic coughing?	
a. Heart muscle disease such as hypertrophic cardiomyopathy?		5. Do you or any members of your household have a history of tuberculosis or positive PPD?	
b. Arrhythmia, irregular rhythm, pacemaker, WPW (Wolf Parkinson White), Long QT syndrome or other cardiac problem?		6. History of Hepatitis?	
c. Marfan Syndrome		7. History of HIV?	
3. Does your heart race or skip beats during exercise?		Orthopedic Risk	
4. Have you ever had chest pain during exercise?		1. Have you ever broken any bones?	
5. Have you ever passed out or nearly passed out during or after exercise?		2. History of neck or back injury?	
6. Do you have a history of high blood pressure?		3. History of chronic back or neck pain?	
7. History of a heart murmur (other than innocent murmur) or other heart problem?		4. History of ankle, knee, hip injury?	
8. History of unexplained dizziness with exercise?		5. History of wrist, elbow, shoulder injury?	
9. Have you ever had an ECG or Echocardiogram test for your heart?		6. Do you have any artificial limbs or prosthetic devices (false teeth)?	
10. History of congenital heart disease?		Other Pertinent Questions	
11. History of Carditis or Kawasaki disease?		1. Are you taking any prescription or nonprescription (over the counter) medicines or pills?	
Respiratory Risk:		2. Are you taking supplements or medications to lose weight?	
1. History of cough, wheezing or difficulty breathing during or after exercise?		3. Are you taking medications or supplements to increase your strength or improve your sports performance?	
2. Have you ever used an inhaler or taken asthma medication?		4. Are you trying to gain or lose weight?	
3. Do you have a history of severe allergies to pollens, stinging insects, foods, or grasses?		5. Were you born with or are you missing a kidney, eye, (if male testicle), (if female ovary) or other organ?	
4. Have you ever been told by a doctor that you have asthma?		6. History of bleeding or clotting disorder?	
5. History of fractured ribs in the last 6 weeks?		7. History of severe muscle cramps or feeling severely ill when exercising in the heat?	
Neurological Risk:		8. History of surgery?	
1. History of head or neck injury, or concussion?		9. History of enlarged liver or spleen?	
2. Have you ever had amnesia or memory loss after a head injury?		10. History of sickle cell disease/trait?	
3. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?		11. History of Hypoglycemia (low blood sugar)?	
4. History of seizures?		FEMALES OLDER THAN 16 (OPTIONAL)	
5. History of headaches with exercise?		1. Have you had no menstrual cycles?	
6. Do you have a history of any problems with your eyes or vision?		2. Have you gone more than 90 days without a period in the last 6 months?	
7. Do you wear glasses or contact lenses		EXPLAIN YES ANSWERS HERE:	
8. History of neck instability (i.e. atlantoaxial instability)			

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 _____