



Santa Rosa City Schools Athletic Clearance Packet

Maria Carrillo High School

Home of the Pumas

1. Print your name _____
2. Grade _____ ID # _____ Sport played this year _____
3. **Get a physical dated June 1 or later of the current school year. Bring verification of this physical, dated AFTER June 1, 2010 (*This physical is good until July 1 of the following year.*), including a doctor's signature on the form provided, or on your doctor's or Osteopath's stationary, or on a Kaiser form. If the doctor does not use the District Physical Form, all information must be attached to the District form and the rest of the Physical Form must be completed and signed. If you have played or tried out for a sport this school year, you have a physical on record and do not need to turn in a second copy.**
4. **Complete ALL FORMS and provide all information, including both student and parent/guardian signatures, within the District Athletic Clearance Packet. Failure to do so will result in students' inability to try-out.**
5. **All students must provide evidence of health insurance including policy number prior to try-outs. Students may purchase Athletic Insurance through the school (get information from the business office).**
6. **The transportation fee of \$50 (checks made out to Maria Carrillo High School) must be paid when you hand in your packet. Please write a separate check for each athlete in the family. Transportation checks will be returned to those students who are cut from a team or who quit during the first four weeks of the sport season. A hardship waiver is available for those student-athletes with extenuating circumstances. See your business office for information on waivers. If you plan to donate to PAC please write a separate check.**

PROCEDURE FOR CLEARANCE:

1. Complete and sign all items in the packet.
2. Return the packet to the appropriate athletic director listed below.
3. The athletic director will process the packet and fill out a white clearance form.
4. **It is your responsibility to pick up the white clearance from the athletic director.**
5. The coach will collect the white clearance form on the first day of practice.
6. **NO WHITE CLEARANCE FORM →NO PRACTICE!**

FALL PRACTICE BEGINS AUG. 17, 2010 – WINTER PRACTICE BEGINS NOV. 9, 2010 – SPRING PRACTICE BEGINS FEB. 8, 2011.

Completed packets should be turned in to Mr. Deakins @ L2 or Mrs. Myers @ the Gymnasium. Athletic Directors will be on campus the following dates and times to collect packets prior to the start of school. All other packets may be cleared when school begins:

8/11 – 8:30-10am (senior orientation), 10:30-12pm (Junior Orientation) and 1-2:30pm (Sophomore Orientation)

8/12 – 9-11am and 4-6:30 pm (Freshman Orientation)

**Santa Rosa City Schools
Athletic Organization**

North Coast Section:

All of the SRCS high schools are members of the North Coast Section (N.C.S.) of the California Interscholastic Federation (C.I.F.).

North Bay League:

All of the SRCS high schools are members of the North Bay League (N.B.L.), which is currently made up of the following schools:

Cardinal Newman High School	Rancho Comte High School
Elsie Allen High School	Santa Rosa High School
Maria Carrillo High School	Ukiah High School
Montgomery High School	Ursuline High School
Piner High School	

Athletic Teams Sanctioned by the Santa Rosa City Schools District:

Fall	JV and Varsity Boys' Cross Country JV and Varsity Girls' Cross Country JV and Varsity Football JV and Varsity Boys' Soccer JV and Varsity Girls' Soccer Girls' Tennis Girls' Golf
Winter	Freshman, JV and Varsity Boys' Basketball Freshman, JV and Varsity Girls' Basketball Wrestling
Spring	JV and Varsity Baseball JV and Varsity Softball JV and Varsity Boys' Swimming and Diving JV and Varsity Girls' Swimming and Diving Boys' Golf Boys' Tennis Coed Badminton JV and Varsity Girls' Track and Field JV and Varsity Girls' Track and Field

SANTA ROSA CITY SCHOOLS
NOTICE ON SERIOUS, CATASTROPHIC, AND PERHAPS FATAL ACCIDENTS

The Santa Rosa City School District provides an extensive athletic program and makes every effort to ensure that the program is educational, beneficial, and as safe as possible for students. Yet, by its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents may occur.

Many forms of athletic competition result in physical contact among players, strenuous physical exertion, the use of equipment that may result in accidents, and numerous other exposures to risk of injury.

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization, and must refrain from improper uses and techniques.

All participants must have proof of a recent physical examination on file with the school prior to participation in interscholastic athletics.

If any of the foregoing is not completely understood, please contact your school principal for further information.

SANTA ROSA CITY SCHOOLS
ACADEMIC REQUIREMENTS FOR EXTRACURRICULAR ACTIVITIES

1. A student must have earned a 2.0 grade point average (on a 4-point scale) in the grading period prior to participation.
2. A student must maintain a 2.0 grade point average (on a 4-point scale) during the time the student participates in the activity.
3. A student must not have lost a unit of credit in the semester prior to the initiation of this activity due to the Santa Rosa City Schools Variable Attendance Policy.
4. Probationary Period. Students who earn a GPA between 1.4 and 2.0 in the grading period prior to the start of any activity or season, or who may have lost a unit of credit due to the SRCS Variable Attendance Policy, may participate on a probationary status until the next grading period, at which time the student must earn a 2.0 GPA. (See exception #7 below).
5. A student may have probationary status once in the ninth grade and once more in the next three years (grades 10 through 12).
6. Students not meeting these requirements shall be declared ineligible until the next grading period.
7. Students who do not meet the 2.0 GPA requirement in the grading period prior to the start of the activity AND who have lost a unit of credit due to the Variable Attendance Policy, shall be INELIGIBLE, may NOT participate, and shall NOT be eligible for probation during the grading period following the loss of credit.

SERIOUS INFRACTIONS -- EDUCATION CODE 48900

Infractions of Education Code 48900 for which students may be suspended are listed in the Parental Annual Notice in the section "Excerpts From California Education Code".

A pupil may be suspended or expelled for acts listed above and related to school activity or attendance which occur at any time, including, but not limited to, any of the following:

1. While on school grounds.
2. While going to or coming from school.
3. During the lunch period, whether on or off the campus.
4. During, or while going to or coming from, a school sponsored activity.

HAZING

Education Code 32050

As used in this article, "hazing" includes any initiation or pre-initiation into a student organization or any pastime or amusement engaged in with respect to such an organization, which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any student or other person attending any school, community college, college, university, or other educational institution in this state; but the term "hazing" does not include customary athletic events, or other similar contests or competitions.

Education Code 32051

No student, or other person in attendance at any public, private, parochial, or military school, community college, college, or other educational institution, shall conspire to engage in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student, or person attending the institution. The violation of this section is a misdemeanor, punishable by a fine of not less than one hundred dollars (\$100), nor more than five thousand dollars (\$5,000), or imprisonment in the county jail for not more than one year, or both.

Santa Rosa City School Board Policy 6145.5(a)

No student shall conspire in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student or person. Persons violating this policy shall be subject to district discipline, misdemeanor penalties, and forfeiture of entitlements.



Revised 4/2/07

INSURANCE INFORMATION

California State Education Code Section 32221.5

“Under state law, school districts are required to ensure 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 1-800-427-8982.”

Possible no-cost or low-cost local, state, or federally sponsored health insurance programs are as follows:

- California Kids/Partnership Health Plan – 1-800-467-8736
- Kaiser Permanente Child Health Plan – 1-800-819-1354
- Healthy Families Program – 1-800-880-5305
- Myers – Stevens & Toohey & Company Inc. - 1-800-827-4695
- No-Cost Medical Insurance – 1-800-819-1354
- Redwood Community Health Coalition – 544-6911 Ext. 1079
- Southwest Community Health Center – 547-2222 Ext. 106
- St. Joseph Health System of Sonoma County – 547- 2149
- Sutter Family Practice Center – 576-4497

PHYSICAL FORM INFORMATION

A student must turn in a completed and signed physical form from the Student Clearance Packet to be eligible to participate.

EXCEPTIONS:

1. A student may turn in a signed and dated note from a licensed osteopath that is written on letterhead stationary. The note must signify that the student is physically cleared to compete in athletics. The note must be signed and dated after July 1, for that school year. The note must be attached to the provided physical form with the student, parent/guardian, and health history section completed.
2. A student may turn in a signed and dated note from a medical doctor that is written on letterhead stationary. The note must signify that the student is physically cleared to participate in athletics. The note must be signed and dated after July 1, for that school year. The student, parent/guardian, and health history sections must be completed.
3. A student may turn in a completed physical form from Kaiser Permanente that clears them to participate in athletics. The form must be dated after July 1, for that school year. The form must be attached to the physical form provided in the Student Clearance Packet. The student, parent/guardian, and health history sections must be completed

NOTE: IF A STUDENT HANDS IN A NOTE FROM A PHYSICIAN OR OSTEOPATH THAT CLEARS THEM FOR A PARTICULAR SPORT, THE PHYSICAL CLEARANCE IS ONLY GOOD FOR THAT SPORT. IF THE STUDENT GOES OUT FOR ANOTHER SPORT THAT YEAR, THEY NEED ANOTHER CLEARANCE NOTE. THE DOCTORS NOTE SHOULD READ CLEARED FOR PARTICIPATION IN ALL SPORTS OR CLEARED FOR PARTICIPATION IN ALL SPORTS EXCEPT _____.

**SANTA ROSA CITY SCHOOLS
 INTERSCHOLASTIC SPORTS PARTICIPATION**

(This section to be completed by Student)

Name of Student _____ ID# _____ School _____

Date _____ Date of Birth _____ Place of Birth _____

This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Signature of Student _____

PARENT'S OR GUARDIAN'S PERMISSION

(This section to be completed by Parent or Guardian)

I hereby give my consent for the above-named student: 1) to represent this school in athletic activities checked on this form by the examining physician,, provided such athlete activities are approved by the State Association; 2) to accompany any school team of which he is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athlete activities or such travel

Signature of Parent/Guardian _____ Date _____

Address _____

PRE-SEASON HEALTH EXAMINATION FORM

(This section to be completed by Physician)

Grade _____ Age _____ Height _____ Weight _____ Blood Pressure _____

Significant past or present illness, injury or allergies _____

LABORATORY: Urine: Sugar _____ Protein _____ Hct (girls only) _____

SYSTEM	NORMAL	ABNORMAL	REMARKS
EENT			
Vision			
Hearing			
Neck			
Lungs			
Heart			
Abdomen			
Neuro muscular			
Hernia			
Genitalia			

On the basis of this examination, I certify this student physically qualified for all sports EXCEPT the following:

- | | | | |
|------------------|---------------------|--------------|-----------------|
| _____ Baseball | _____ Cross Country | _____ Track | _____ Wrestling |
| _____ Basketball | _____ Gymnastics | _____ Golf | _____ Swimming |
| _____ Football | _____ Volleyball | _____ Tennis | _____ Other |

Signed _____ M.D. Date _____

Address _____ Telephone _____

HEALTH HISTORY

(To be completed by Student or Parent)

1. Have you ever been hospitalized? _____
When? _____ For what? _____

2. Have you ever had an operation _____
When? _____ For what? _____

3. Do you have asthma? _____
Is it aggravated by exertion? _____
4. Do you think of yourself as healthy? _____
If not, why? _____
5. Do you take a medicine regularly? _____
If so, what? _____
6. Does anybody in your family have diabetes? _____
7. Has any near relative died of a heart attack before age 50? _____
8. Have you ever fainted? _____
9. Have you ever been knocked out? _____
10. Have you ever had an injury or the muscle, bone, joint, ligament, or tendon?

Did you see a doctor? _____

Name _____ Date _____

USE OF PRIVATELY OWNED VEHICLES

The following form is to be completed by parents who wish to give their daughter or son permission, in advance, to be transported to school-sponsored activities in a vehicle owned and driven by a private individual(s):

PARENT PERMISSION TO TRANSPORT SON/DAUGHTER

I hereby give my son/daughter, _____,

permission to be transported to school-sponsored activities during school year _____

or _____ in a vehicle owned and driven by:
(Date of Event or Athletic Season)

_____ Parent

_____ Student

Parent/Guardian Signature

Date

Reviewed by the Board: **February 27, 1979**

Revised: **September 28, 1993; January 9, 2002**

ADULT DRIVER/USE OF PRIVATELY OWNED VEHICLE

This form must be used when personally owned vehicles of employees, parents, and volunteers are used for school-sponsored activities. **A no answer to any statement prohibits the use of this driver and/or vehicle.**

Driver's Name _____ Date of Event _____

Event _____ School _____

I CERTIFY TO THE FOLLOWING:

1. I am the registered owner/legal leaser of the vehicle that will be transporting students. I am 21 years old or older. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign below.
2. I have a valid driver's license. License Number _____
3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving for the past five (5) years.
4. I have liability/medical coverage on this vehicle with the following limits:
 - a. Property Damage\$50,000
 - b. Bodily Injury.....\$100,000 - \$300,000
 - c. Medical\$10,000
 - d. Name of Insurance Company _____
 - e. Local Agent (if applicable) _____
5. My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and each passenger will have a seat belt.

Make/Model/Year of Vehicle _____

License Plate Number _____ Number of passenger seat belts _____

I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

Signature of driver _____ Date _____

Driver's Address _____ Phone Number _____

Signature of Registered Owner of Loaned Vehicle _____ Date _____

Address _____ Phone Number _____

PRINT Student's Name _____

Reviewed by Teacher/Coach/Athletic Director _____ Date _____

Reviewed by the Board: February 27, 1979; Reinstated November 19, 1997

Revised: July 13, 1982; February 10, 1993; September 28, 1993; October 12, 1993; January 9, 2002

STUDENT DRIVER/USE OF PRIVATELY OWNED VEHICLE

This form must be used when private vehicles are used for school-sponsored activities. **A no answer to any statement prohibits the use of this driver and/or vehicle.**

Driver's Name _____

Date of Event, Activity or Athletic Season _____

School: _____

I CERTIFY TO THE FOLLOWING:

1. I am the registered owner/legal leaser or my parent/guardian is the registered owner/legal lesser of the vehicle that will be transporting students. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign part B.
2. I have a valid driver's license, not a provisional license, and have been in possession of a license for more than six months. Driver's license number _____
3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving.
4. I have liability/medical coverage on this vehicle as required by State law with the following limits:
 Property Damage\$50,000 Medical.....\$10,000
 Bodily Injury.....\$100,000 - \$300,000
 Name of Insurance Company _____
 Local Agent (if applicable) _____
5. My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and each passenger will have a seat belt.

Make/Model/Year of Vehicle _____

License Plate Number _____ Number of passenger seat belts _____

I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

Signature of driver _____

Date _____

Driver's Address _____

Phone Number _____

PARENT/GUARDIAN OF STUDENT DRIVER

- A. I give my permission for my son/daughter. _____ to drive the above vehicle for student sponsored activities.

- B. I understand that the vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner’s policy fail to satisfy the legal liability involved, the District’s policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

Signature of Parent _____ Date _____

Parent’s Address _____ Phone Number _____

Signature of Registered Owner of Loaned Vehicle _____ Date _____

Address _____ Phone Number _____

Reviewed by Teacher/Coach/Athletic Director _____ Date _____

Reviewed by the Board: May 24, 1994
Revised: January 9, 2002

NOTICE TO PARENTS AND STUDENT ATHLETES

Serious, catastrophic, and perhaps fatal injury may result from athletic participation

By its very nature, competitive athletics may put students in situation in which serious, catastrophic, and perhaps fatal accidents may occur.

Many forms of athletic competition result in violent physical contact among players which may result in accidents, strenuous physical exertion and numerous other exposures to risk injury.

Student-athletes and their parents/guardians must assess the risk involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegic and other very serious permanent physical impairment as a result of athletic completion.

By granting permission for your student-athlete to participate in athletic competition, you, the parent/guardian, acknowledge that such risk exists. By choosing to participate, the student-athlete, acknowledge that such a risk exists.

Student athletes will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk or serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal or athletic director for further clarification and information.

SRCS ATHLETIC ELIGIBILITY SCREENING FORM

Transferring from one school to another school may affect your athletic eligibility under the rules of the North Coast Section of the California Interscholastic Federation.

Please answer the questions below to the best of your knowledge so that we may determine if you have any eligibility problems this year.

1. Student's Name _____ Date of Birth _____ Grade _____
2. Current Address _____ City / Zip _____
3. I transferred to this school because:

a. _____ my family moved from the old address to my new address.	g. _____ of Open Enrollment.
b. _____ I moved from one parent to another parent.	h. _____ of an Inter-/ Intra-District Transfer.
c. _____ I moved from my parent(s) to a relative or another guardian.	i. _____ I left a continuation school.
d. _____ I moved from a relative or guardian to my parents.	j. _____ I moved from a parent to another person.
e. _____ a court order placed me at my new address.	
f. _____ of discipline problems at my former school.	
4. Sport(s) and level of participation in the previous 12 calendar months:

Sport _____	
Sport _____	
Sport _____	

	YES	NO
5. Have you attended a school other than this school within the last year? Date left that school _____ If yes, give the name of your previous school. _____		
6. Have you lived at any other address within the past year? Date you left that address _____ If yes, give your previous address _____		
7. Are you a foreign exchange student? Name of the program _____		
8. Did you play the same sport(s) during the current school year at your prior school?		
9. Have you exceeded eight consecutive semesters of attendance since enrolling in the 9 th grade?		
10. Will you turn 19 years old before June 15 of this school year?		
Definition of Undue Influence and Pre-Enrollment Contact Undue Influence: Undue influence is any act, gesture or communication (including accepting material or financial incumbent to attend a CIF member school for the purpose of engaging in CIF competition regardless of the source) which is performed personally, or through another, which may be objectively seen as incumbent, or as part of a process of inducing a student, or his or her parent or guardian, by or on behalf of, a member school, to enroll in, transfer to or remain in, a particular school for athletic purposes. Pre-enrollment Contact: Any and all pre-enrollment contact of any kind whatsoever with a student must be disclosed by the student, parent and the school to the Section office on a completed CIF 510 form. Pre -enrollment contact may include, but not limited to: any communication of any kind, directly or indirectly, with the student, parent(s), relatives, or friends of the student about the athletic programs at a school; orientation/information programs, shadowing programs; attendance at outside athletic events or the like by anyone associated with the school to observe the student; participation by the student in programs supervised by the school or its associates before enrollment in the school.		
11. Have you had pre-enrollment contact of any kind by anyone from, or associated with, this school or this school's athletic program to secure or retain you or your parents to participate in athletics? (i.e. Parents or former student/athletes, booster club members, alumni, spouses or relatives of the coach, school employees, former coaches, coaching position applicant)		
12. Have you participated for a coach from this school on any club, travel team, sports camp or AAU team in the past 24 months?		

I hereby certify that the above information is correct. I fully understand the providing false or fraudulent information to gain eligibility could lead to ineligibility of the student for a period of up to 24 months and sanctions against the schools athletic program.

Parent's Signature

Date

Student's Signature

Date

CIF - Santa Rosa City Schools

Code of Conduct for Interscholastic Student-Athletes

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_m"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. *Trustworthiness*-- be worthy of trust in all I do.
 - Integrity—live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.
 - *Honesty*—live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
 - *Reliability*—fulfill commitments; do what I say I will do; be on time to practices and games.
 - *Loyalty*— be loyal to my school and team; put the team above personal glory.

RESPECT

2. *Respect*-- treat all people with respect all the time and require the same of other student-athletes.
3. *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- and post-game rituals.
4. *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 celebrations, or other actions that demean individuals or the sport.
5. *Respect Officials* -- treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. *Importance of Education* ~ be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. *Role-Modeling* -- Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates 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.*

8. *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.
9. *Healthy Lifestyle* -- safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

10. *Integrity of the Game* -- protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

11. *Be Fair* -- live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

12. *Concern for Others* -- demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to others or myself.
13. *Teammates* -- help promote the well being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. *Play by the Rules* ~ maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. *Spirit of rules* ~ honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform **according to this code** and I understand that there may be **sanctions or penalties** if I do not.

Student-Athlete Signature

Date

ATHLETE EJECTION POLICY NOTIFICATION FORM
North Coast Section Ejection Policy

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Mangers 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.).

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-Athlete Name **Please Print**

Date

Student-Athlete's Signature

SPORT _____

VARSITY JV FRESHMAN

*These signed policy statements are to be maintained at each school. An Ejection Policy Notification Form is to be filed, according to league policy, either with the league commissioner or with the North Coast Section.

Maria Carrillo High School Team Pledge

I, _____, as a member of Maria Carrillo High School Athletics, recognize the importance of adhering to some team rules. As a member of a team, I realize that I must make a commitment to myself, my teammates, my coaches, my school, and that this commitment entails strong self discipline. I recognize the clear fact that I cannot perform up to the high standards that are expected of me if I indulge in the use of alcohol, marijuana, performance enhancing, or any other controlled substances during the season. I further realize that to do so will jeopardize my eligibility because of state, federal, and school board regulations. My signature on this statement is a symbol of my strong determination to be the best student athlete that I can be at Maria Carrillo High School. My signature is my word that I will adhere completely to a commitment to zero alcohol/drug use during this season. Furthermore, if I fail to comply, I will immediately report the incident to my coach and accept the disciplinary action from the coach and his/her staff.

PLAYER SIGNATURE: _____

PARENT/GUARDIAN: _____

DATE: _____

PARENT AUTHORIZATION FOR MEDICAL TREATMENT
(Confidential information)

Student's Name _____

Address _____

Birthdate _____ Male ____ Female ____ Telephone Number _____

Message Phone _____

Doctor's Name _____ Phone _____

Name of Health Insurance _____ Membership # _____

Any known Allergies _____

Father, Mother or Guardian's Name(s) (please print) _____

In the event of an emergency, if parents or guardian cannot be reached please contact:

(Name & Relationship) (Phone)

(Name & Relationship) (Phone)

I/We, the undersigned, parent(s) of _____,
a minor, do hereby authorize the principal, or designee, as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until _____, 20____, unless sooner revoked in writing delivered to said agent(s).

Parent/Guardian(s) Signature Date

**SANTA ROSA CITY SCHOOLS
HIGH SCHOOL ATHLETIC AGREEMENT FORM**

Student Name _____ Date _____ ID # _____

Grade _____ Date of Birth _____ Place of Birth _____

This application to complete in interscholastic athletics for a Santa Rosa City School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the CIF, NCS, SRCS, or my school. I have read and understand the rules and regulations contained in the Santa Rosa City Schools Athletic Packet and I agree to abide by all rules and regulations contained therein for the entire school year.

Student's Signature: _____ Date: _____

PARENT'S OR GUARDIAN'S PERMISSION

I have read and understand the rules and regulations contained in the Santa Rosa City Schools Athletic Packet. I hereby give my consent for the above named student to represent his/her school in athletic activities after being seen by an examining physician and to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-mentioned student in the course of such athletic activities or travel.

Parent/Guardian's Signature: _____ Date: _____

Address: _____ Phone Number: _____

SIGN UPON COMPLETION OF READING THROUGH THE ATHLETIC PACKET

1. We understand the Santa Rosa City Schools Citizenship Standards and Serious Infraction Explanation.
2. We understand the Notice to Students and Parents/Guardians of Students Participating in Athletics that by its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents may occur.
3. We understand the Academic Eligibility Requirement for Extracurricular Activity (GPA and full-day attendance requirement).
4. We understand the Athletic Transportation Fee Schedule.
5. We understand the North Coast Section Ejection Policy.
6. We understand the "Use of Privately Owned Vehicle" and "Parent Permission to Transport Son/Daughter" forms.
7. We understand the Hazing Policy.
8. We understand that good sportsmanship is practiced on and off the playing field, court, or venue.

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 (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 that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Santa Rosa City School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Date: _____ Parent/Guardian Signature: _____

Student Signature: _____

