Valley Center High School
The following forms are valid for the 2017/2018 school year only
Athletic & Cheer Clearance Packet

An athletic clearance packet and health insurance is MANDATORY for any student planning to try out for any sport or cheerleading. The athlete will only need to fill out one packet for the 2017-2018 school year. Students will not be allowed to try out, practice or compete in any sport until they have completed the forms contained within this packet and they have been cleared by the athletic department.

CIF rules require that each student maintain a 2.0 GPA in order to compete in interscholastic sports. Students who fail to achieve a 2.0 GPA will be placed on probation. At the end of the grading period, if they have not improved their GPA to 2.0 or above, they will become ineligible. Please note that the probation period can occur before your sport begins; thus you could be automatically ineligible. Also, if you are not passing four classes at each grading period, you are automatically ineligible. There is no probation period if you are passing less than four (4) classes.______________

Parent Initial

Accident insurance is MANDATORY. Valley Center High School (VCHS) must have the name, address, phone number, and policy number of your insurance carrier, as well as a copy of the insurance card with the student’s name on it. If a student is not covered by private insurance, VCHS will provide information regarding low-cost accident insurance offered by Pacific Educators, Inc. If you choose to use Pacific Educators, Inc., please fill out the envelope, place a check or money order (NO CASH) inside the envelope and take it to the VCHS cashier with your completed clearance packet. DO NOT MAIL IT DIRECTLY TO Pacific Educators, Inc. YOURSELF! You will be directed to the athletics office after Pacific Educators, Inc. insurance is purchased. Student is eligible to participate 24 hours following the purchase of insurance. Please Note: If you elect to use Pacific Educators, Inc. and play tackle football, your insurance coverage is valid during participation in tackle football only. If you play another sport, you must purchase additional insurance.

Please print clearly and complete all forms in blue or black ink.
The following forms must be submitted in completion to the Athletic Clerk:

_____ Parent consent and waiver (parent signature required)
_____ Transportation form (parent signature required)
_____ Parent/Student Acknowledgement
_____ Health history (parent & student signature required)
_____ Physician’s Physical Exam (physician name, address, phone #, signature required)
_____ Concussion Information sheet (parent & student signature required)
_____ Sudden Cardiac Arrest Information Sheet (parent & student signature required)
_____ Substance abuse guidelines (parent & student signature required)
_____ Previous school attended questionnaire (parent & student signature required)
_____ Ethics in sports (parent & student signature required)
_____ Copy of the front & back of insurance card is required. Card must be in student’s name.
VCHS Parent Consent and Waiver (2017/2018 School Year)

Student Legal Name_________________________________________ ID#___________ DOB_________ Grade____ (Year 17/18)

Address_________________________________________________________ Zip_________ Phone________________________

Activities and sports in which parents allow minors to voluntarily engage include inherent risks of injury, which may occur because of the nature of the activity/sport. Your child has stated, on the CIF Ethics in Sports Letter that he/she will act responsibly and abide by all rules and regulations. By signing below, you give your consent for him/her to take part in the activity/sport and travel to and from the school by transportation authorized by you on the Non-District Transportation Form. The following waiver of liability is not applicable to the statutory liability mandated by the government Code and other statutes. The below signed parent/s waives all claims on behalf of the student and parents, based upon injuries and damages resulting from wrongful and willful acts of the named child, failure of the child to abide by school rules and regulations and his standard of care, negligence of others, including those not employed by the school and those injuries and damages resulting from the inherent risks of injury to which the child is exposed by reason of the nature of the activity or sport. The below-signed parent/s acknowledges that the school is not an insurer and has no financial responsibility for medical care, which may be necessary. It is further understood that this consent and pre-participation physical exam is valid from the date of receipt by the athletic office and continuing throughout the school year in which it has been submitted. A sports clearance packet is required for each school year of athletic/cheer participation.

Father/Guardian – Print Name______________________________ Father/Guardian – Signature______________________________ Date______________

Mother/Guardian – Print Name______________________________ Mother/Guardian – Signature______________________________ Date______________

Please list emergency contacts in the order of desired contact:

<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Relationship</th>
<th>Mobile Phone</th>
<th>Work Phone</th>
<th>Home Phone</th>
</tr>
</thead>
</table>

Authorization and Consent to Treatment: I/we, undersigned parent/s (or guardian/s) of the above named student, a minor, do hereby authorize the Valley Center-Pauma Unified School District coaching staff, as agent/s 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 or surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also authorize evaluation and first aid treatment of interscholastic injuries on the field, in the training room, or in the offices of Registered Physical Therapists and/or Certified Athletic Trainers.

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 aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain effective unless sooner revoked in writing and delivered to said agent/s.

Father/Guardian – Print Name______________________________ Father/Guardian – Signature______________________________ Date______________

Mother/Guardian – Print Name______________________________ Mother/Guardian – Signature______________________________ Date______________

Accident insurance is mandatory. Attach copy of front & back of insurance card w/student’s name.

Insurance Provider Name (mandatory)______________________________ Claims Office Phone Number (mandatory)______________________________ Policy/Record # (mandatory)______________________________

If the student is not covered by your own private insurance, the cashier has information regarding low-cost accident coverage offered by Pacific Educators, Inc. The insurance is not affiliated with the school district, but the application form and check/money order (no cash) must be returned to the VCHS Cashier, with this packet, in the envelope provided and it will be mailed by staff to Pacific Educators.

Pacific Educators, Inc.: _____ Tackle Football Only _____ At School Plan (sports other than football) _____ 24-Hour

Pacific Educators Insurance will go into effect 24 hours after mailing: __________________________(date)
Valley Center High School
Non-District Transportation Form (2017/2018 School Year)

Student Name: ___________________________ Grade: ______

Valley Center High School arranges transportation for some athletic competitions. When the district is unable to provide transportation, it is necessary for the district to have prior approval for non-district transportation. The school will take every precaution to assure the welfare and safety of your son/daughter participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident. If you authorize your child to drive, no district supervision will be present during such commute. By signing below, the parent/guardian agrees to allow their son/daughter to be transported to and from athletic related events in the manner described.

PLEASE CHOOSE ONE OR MORE OF THE OPTIONS LISTED BELOW FOR YOUR STUDENT. PARENT/GUARDIAN SIGNATURE IS REQUIRED NEXT TO EACH AND EVERY OPTION THAT APPLIES TO THE ABOVE NAMED STUDENT.

<table>
<thead>
<tr>
<th>Transportation Option</th>
<th>Parent/Guardian Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother may transport student to/from VCHS athletic events.</td>
<td></td>
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<tr>
<td>Father may transport student to/from VCHS athletic events.</td>
<td></td>
</tr>
<tr>
<td>Student may drive him/herself to/from VCHS athletic events.</td>
<td></td>
</tr>
<tr>
<td>Student may be driven by a VCHS staff member or coach to VCHS athletic events.</td>
<td></td>
</tr>
<tr>
<td>Student may drive with his/her sibling/s to VCHS athletic events.</td>
<td></td>
</tr>
<tr>
<td>Student may be driven by a parent volunteer to/from VCHS athletic events.</td>
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<tr>
<td>The additional adult/s may transport student to/from VCHS athletic events:</td>
<td></td>
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<tr>
<td>The additional adult/s may transport student to/from VCHS athletic events:</td>
<td></td>
</tr>
<tr>
<td>The additional adult/s may transport student to/from VCHS athletic events:</td>
<td></td>
</tr>
</tbody>
</table>

I hereby expressly waive and release any and all rights or claims of any nature, whatsoever, I may have against Valley Center High School, the employees or coaches, the Board of Trustees of the Valley Center-Pauma Unified School District, and its members and employees, arising out of, in connection with, or resulting from any of the above mentioned activities.

____________________________ (required)  _______ Phone Number  ________ Date

Parent/Guardian Signature
# Health History: 2017/2018 School Year- Valley Center High School

<table>
<thead>
<tr>
<th>Please answer the following questions</th>
<th>Yes</th>
<th>No</th>
<th>Explain &quot;Yes&quot; answers w/date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a doctor ever denied or restricted your participation in any sport for any reason?</td>
<td></td>
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<tr>
<td>Do you have an ongoing medical condition? (diabetes, asthma, heart condition, allergies)</td>
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<tr>
<td>Does anyone in your family have asthma?</td>
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<tr>
<td>Have you ever used an inhaler or taken asthma medicine?</td>
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<tr>
<td>Are you currently taking any prescription medications?</td>
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<tr>
<td>Are you currently taking any over-the-counter medications or supplements?</td>
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<tr>
<td>Do you have allergies to any medications, foods, pollens, insect bites?</td>
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<tr>
<td>Have you ever passed out, or nearly passed out, during or after exercise?</td>
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<tr>
<td>Have you ever had discomfort, pain, or pressure in your chest during exercise?</td>
<td></td>
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<tr>
<td>Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
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<tr>
<td>Does your heart race or skip beats during exercise?</td>
<td></td>
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<tr>
<td>Do you now, or have you ever, had a heart condition? Pacemaker? Heart surgery?</td>
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<tr>
<td>Has a doctor ever told you that you have high blood pressure or high cholesterol?</td>
<td></td>
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<tr>
<td>Has a doctor ever told you that you have a heart murmur or heart infection?</td>
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<tr>
<td>Has a doctor ever ordered a test for your heart? (e.g. EKG, echocardiogram)</td>
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<tr>
<td>Has anyone in your family died for no apparent reason?</td>
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<tr>
<td>Does anyone in your family have a known heart problem?</td>
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<tr>
<td>Has any family member/relative died of heart problems or of sudden death before age 50?</td>
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<tr>
<td>Does anyone in your family have Marfan Syndrome?</td>
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<tr>
<td>Have you ever spent the night in a hospital?</td>
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<tr>
<td>Have you ever had surgery?</td>
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<tr>
<td>Have you ever had a stress fracture?</td>
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<tr>
<td>Have you ever had a sprain, muscle or ligament tear, tendinitis? To what part of the body?</td>
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<tr>
<td>Have you had any broken or fractured bones, dislocated joints? To what part of the body?</td>
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<tr>
<td>Have you had a bone or joint injury requiring x-rays, MRI, CT, surgery, PT, injections?</td>
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<tr>
<td>Have you ever had or been told you need an x-ray for atlantoaxial (neck) instability?</td>
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<tr>
<td>Do you regularly use a brace or assistive device?</td>
<td></td>
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<tr>
<td>Were you born without, or are you missing, a kidney, eye, testicle, or any other organ?</td>
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<tr>
<td>Have you ever had infectious mononucleosis (mono)?</td>
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<tr>
<td>Do you have any rash, pressure sores, or other skin problems?</td>
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<tr>
<td>Have you ever had a herpes skin infection?</td>
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<tr>
<td>Have you ever had a head injury or concussion?</td>
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<tr>
<td>Have you ever been hit in the head then been confused or lost your memory?</td>
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<tr>
<td>Have you ever had a seizure?</td>
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<tr>
<td>Do you have headaches? Do they occur with exercise?</td>
<td></td>
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<tr>
<td>Have you ever had numbness, tingling, or weakness in arms or legs after impact or injury?</td>
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<td></td>
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<tr>
<td>Have you ever been unable to move your arms or legs after a fall, impact, or injury?</td>
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<tr>
<td>When exercising in the heat, do you have severe muscle cramps or become ill?</td>
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<tr>
<td>Has a doctor told you that you or someone in your family has sickle cell trait or disease?</td>
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<tr>
<td>Have you had any problems with your eyes or vision?</td>
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<tr>
<td>Do you wear glasses or contact lenses?</td>
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<tr>
<td>Do you wear protective eyewear, such as goggles or a face shield?</td>
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<tr>
<td>Are you happy with your weight?</td>
<td></td>
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<tr>
<td>Are you trying to gain or lose weight?</td>
<td></td>
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<tr>
<td>Has a doctor ever recommended you change your weight or eating habits?</td>
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<tr>
<td>Do you limit or carefully control what you eat?</td>
<td></td>
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<tr>
<td>Do you have any concerns that you would like to discuss privately with the doctor?</td>
<td></td>
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<tr>
<td><strong>FEMALES ONLY</strong></td>
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<tr>
<td>How old were you when you had your first menstrual period?</td>
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<tr>
<td>How many periods have you had in the last 12 months?</td>
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</tbody>
</table>

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I consent to a medical examination by the medical doctor selected by Valley Center High School Athletic Director.

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Signature of athlete  Signature of parent/guardian  Date
Pre-participation Physical Examination (2017-2018 School Year) VCHS

Name_________________________ Sex____ Age____ Date of Birth________________

Height _____ Weight _____ Temp _____ Pulse _____ BP _____/_____ (_____/_____/____)

Resp _____ Vision: R 20/_____ L 20/_____ Corrected Vision: Y N Pupils: Equal_____ Unequal_____

<table>
<thead>
<tr>
<th>Medical</th>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears, nose, throat</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth/teeth</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hearing</td>
<td></td>
<td></td>
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<tr>
<td>Lymph nodes</td>
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<td></td>
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<tr>
<td>Heart</td>
<td></td>
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<td></td>
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<tr>
<td>Pulse</td>
<td></td>
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<td></td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Genitourinary (males)</td>
<td></td>
<td></td>
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<tr>
<td>Skin</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Musculoskeletal</th>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
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<td></td>
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<tr>
<td>Back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulders, arms</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Elbow, forearm</td>
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<td></td>
<td></td>
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<tr>
<td>Wrist, hand, fingers</td>
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<td></td>
<td></td>
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<tr>
<td>Hip, thigh</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Knees</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Legs, ankles</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Feet, toes</td>
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</tr>
</tbody>
</table>

Previous Injury/Condition___________________________

Please specify the level of athletic clearance you are granting the student in the space below:

<table>
<thead>
<tr>
<th>Athletic Clearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleared for all sports without limitation.</td>
</tr>
<tr>
<td>Cleared after completing evaluation/rehabilitation for:</td>
</tr>
<tr>
<td>Clearance limited to:</td>
</tr>
<tr>
<td>Not Cleared. Reason:</td>
</tr>
<tr>
<td>Recommendations:</td>
</tr>
</tbody>
</table>

Name of Physician (required) ______________ Address (required) ______________ Phone (required) ______________

Signature of Physician (required) ______________ Date (required) ______________ License # (required) ______________
The following mandatory form must be filled out accurately as it pertains to CIF regulations. Failure to do so could result in the student (signed below) becoming ineligible to play high school sports for up to two years. Additionally, Valley Center High School (VCHS) could be forced to forfeit contests.

For Sophomores, Juniors, and Seniors:

Did you attend Valley Center High School last year?  __ Yes  __ No

If you answered yes, discontinue this questionnaire and sign below.

If no, where did you attend? ___________________________  □ Yes  □ No

Did you participate in high school sports not affiliated with VCHS?  □ Yes  □ No

Did you have previous contact with any coach/staff member of VCHS?  □ Yes  □ No

If yes, where and when? ___________________________

The above statements are correct to the best of my knowledge.

Parent/Guardian Signature: ___________________________  Date: ____________

Student Signature: ___________________________  Date: ____________

For Incoming Freshman:

Did you attend Valley Center Middle School or Pauma School last year?  __ Yes  __ No

If you answered yes, discontinue this questionnaire and sign below.

If no, where did you attend? ___________________________  □ Yes  □ No

Did you participate in middle school sports not affiliated with Valley Center/Pauma Unified School District?  □ Yes  □ No

Did you have previous contact with any coach/staff member of VCHS?  □ Yes  □ No

If yes, where and when? ___________________________

The above statements are correct to the best of my knowledge.

Parent/Guardian Signature: ___________________________  Date: ____________

Student Signature: ___________________________  Date: ____________
Parent/Student Acknowledgement Page

By signing below, the parent/guardian and student acknowledge they have received, read and understand the following documents:

Parent and Student must initial for each form below:

Parent:   Student:

_____   _____  Parent Consent and Waiver

_____   _____  Academic Eligibility Requirement
(minimum GPA 2.00 & minimum 4 classes passed)

_____   _____  Transportation form

_____   _____  Health History

_____   _____  Physician’s Physical Exam (physician name, address, phone & signature required)

_____   _____  Concussion Information

_____   _____  Sudden Cardiac Arrest form

_____   _____  Substance Abuse Guidelines

_____   _____  Previous School Attended Questionnaire

_____   _____  Ethics in Sports

I have received, read and understand the above documents.

Parent/Guardian

Printed Name

Signature            Date

Student

Printed Name

Signature            Date
Valley Center High School
Jaguar Athletics
Substance Abuse Guidelines (2017-2018 School Year)

Recognizing the magnitude of substance abuse among high school students, the Athletic Director and coaches of our athletic and cheer programs have initiated guidelines, which will be used in dealing with our student athletes. Over the last few years, these guidelines have been discussed at length with our coaches, site administrators, and team captains. These guidelines have received strong support and we feel that they will best serve our athletes and their families by working as a deterrent and an early intervention process. The guidelines are outlined below:

1. Athletes are not to use, or be in possession of tobacco, alcohol, drugs, inhalants, drug paraphernalia, steroids, or any controlled substance at any time. If a student is interested in being a part of our voluntary extracurricular activities program, they must be committed to this requirement.
2. Any offense committed during the pre-season, season, post-season, and weekends or holidays of the aforementioned seasons will result in the consequences listed below. In addition, if the offense was committed at school, or at a school function, school district enforced consequences will also apply.

Alcohol / Drugs / Steroids

First Offense:
1. Meeting with athlete, parent, coach, administrator and counselor.
2. Suspended from ALL team activities including games and practices for the remainder of that season of sport (a minimum of six weeks suspension from all athletic contests).
3. Accepts and completes rehabilitative program including mandatory testing at parent’s expense.

Second Offense:
1. Meeting with athlete, parent, coach, athletic director, and assistant principal.
2. Suspended from ALL district athletic events for one year from the time of the second offense.

Tobacco / Snuff

First Offense:
1. Meeting with athlete, parent, and coach.
2. Suspension from athletic practices, contests, and ALL team functions for one week.

Second Offense:
1. Meeting with athlete, parent, coach, counselor, and athletic director.
2. Suspension from athletic practices, contests, and ALL team functions for two weeks.
3. Accepts and completes rehabilitative program recommended by counselor.

Third Offense:
1. Meeting with athlete, parent, coach, athletic director, and assistant principal.
2. Suspended from athletic practices, contests, and ALL team functions for the remainder of that season of sport (a minimum of six weeks suspension from all athletic contests).

Signature of Athlete _________________________________ Date _____________

Signature of Parent _________________________________ Date _____________
I. POLICY STATEMENT

II. It is the mission of the California Interscholastic Federation, San Diego Section (CIFSDS) to promote high standards of sportsmanlike and ethical behavior in and around athletic contests played under its sanction and, in life, in general. Citizenship, Integrity, and Fairness are embodied in that mission. CIF and CIFSDS contests must be safe, courteous, fair, controlled, and orderly for the benefit of all athletes, coaches, officials, and spectators, and behavior by all involved at all times should manifest the highest standards of conduct.

II. It is the intent of the section membership that poor sportsmanship, unethical behavior, and violence, in any form, will not be tolerated in athletic contests or practices. In order to enforce this policy, the membership, through its Board of Managers, has established rules and regulations.

II. Coaches assume the responsibility to teach and demand high standards of conduct of their athletes both on the field of play and in everyday life, in season and out of season.

II. It is the school principal’s responsibility to enforce all CIFSDS rules and regulations and to demand high standards of conduct from coaches, athletes, parents/guardians, and spectators. The principal shall demand strict adherence to all the CIF State and CIFSDS rules, regulations, and procedures.

II. Participation in interscholastic athletics and section playoffs is a privilege.

II. The CIFSDS Board of Managers requires that the following Code of Ethics be issued to and signed by each student-athlete, parent, coach, and officials’ association. Penalties for failure to submit a signed Code of Ethics are:

1. Athlete Ineligibility for participation in CIF-San Diego Section athletics
2. Coach Restricted from coaching in CIF-San Diego Section contests
3. Officials Association Not approved to officiate in the CIF-San Diego Section
4. Parent Prohibition/Removal from attendance at CIF or CIFSDS event

II. Failure to abide by the standards of behavior as agreed will result in a penalty up to and including disqualification to participate.

II. CODE OF ETHICS FOR STUDENT-ATHLETE, PARENT/GUARDIAN/CAREGIVER, COACH, CONTEST OFFICIAL

A. Comply with the six pillars and 16 Principles of the Pursuing Victory with Honor program (on reverse side).
B. Be courteous at all times with school officials, opponents, game officials, and spectators.
C. Exercise self-control.
D. Know all rules of the contest, of CIF State, and the CIFSDS and agree to follow the rules.
E. Show respect for self, players, officials, coaches, and spectators.
F. Refrain from the use of foul and/or abusive language at all times.
G. Respect the integrity and judgment of game officials.
H. An athletic director, sports coach, school official or employee or booster club/sport group member may not provide any muscle-building nutritional supplements to student-athletes at any time. A school may only accept an advertisement, sponsor, or donation from a supplement manufacturer that offers only non-muscle building nutritional supplements. A school may not accept an advertisement sponsorship or donation from a distributor of a dietary supplement whose name appears on the label. Permissible non-muscle building nutritional supplements are identified according to the following classes: Carbohydrate/electrolyte drinks; energy bars, carbohydrate boosters, and vitamins and minerals. (Revised - Federated Council May 2007.)
I. Win with character; lose with dignity.

Accept consequences of conduct deemed inappropriate or in violation of rules.

I have read, understand, and accept the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory with Honor, and the Violations, Minimum Penalties, and Appeal Process (on attached page) of the CIF-San Diego Section ETHICS IN SPORTS Policy. I agree to abide by this policy while participating and/or being a spectator at CIFSDS athletic events regardless of contest site or jurisdiction.

_________________________  ___________________________  _________________
Signature – Athlete  Printed Name  Date

_________________________  ___________________________
Signature – Parent/Guardian/Caregiver  Printed Name
Valley Center Jaguar Athletics
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:**

- 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
- 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

**Signs observed by teammates, parents and coaches include:**

- 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
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 its 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/

<table>
<thead>
<tr>
<th>Student-athlete Name Printed</th>
<th>Student-athlete Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Parent or Legal Guardian Printed</td>
<td>Parent or Legal Guardian Signature</td>
<td>Date</td>
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</tbody>
</table>
Una concusión es una herida cerebral y todas las heridas cerebrales son graves. Dichas heridas son causadas por un golpe ligero, un golpe fuerte a la cabeza, un movimiento repentino de la cabeza o por un golpe fuerte a otra parte del cuerpo con fuerza que se transmite a la cabeza. Las heridas varían entre ligeras o graves y pueden interrumpir la manera en la que el cerebro funciona. Aunque la mayoría de las concusiones cerebrales son ligeras, **todas las concusiones cerebrales tienen el potencial de ser graves y si no se reconocen y tratan correctamente podrían tener como resultado complicaciones incluyendo daño cerebral prolongado o la muerte.** Eso quiere decir que cualquier “golpecito” a la cabeza podría ser grave. Las concusiones cerebrales no son visibles y en su mayoría las concusiones cerebrales que ocurren durante los deportes no ocasionan la perdida de conciencia. Las señales y síntomas de una concusión cerebral podrían aparecer inmediatamente después de una herida o después de horas o días. Si su hijo(a) reporta cualquier síntoma de una concusión cerebral, o si se da cuenta de los síntomas de una concusión cerebral, por favor consiga atención médica sin demora.

### Los siguientes son algunos de los síntomas de una concusión:

<table>
<thead>
<tr>
<th>Dolor de cabeza</th>
<th>Amnesia</th>
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<tbody>
<tr>
<td>“Presión en la cabeza”</td>
<td>“No se siente bien”</td>
</tr>
<tr>
<td>Nausea o vómito</td>
<td>Fatiga o energía baja</td>
</tr>
<tr>
<td>Dolor de cuello</td>
<td>Tristeza</td>
</tr>
<tr>
<td>Problemas de equilibrio o mareos</td>
<td>Nervios o ansiedad</td>
</tr>
<tr>
<td>Visión borrosa o visión doble</td>
<td>Irritabilidad</td>
</tr>
<tr>
<td>Sensibilidad a la luz o ruido</td>
<td>Más sensible</td>
</tr>
<tr>
<td>Decaído</td>
<td>Confundido</td>
</tr>
<tr>
<td>Adormecido</td>
<td>Problemas con concentración o memoria (por ejemplo: olvidar las jugadas)</td>
</tr>
<tr>
<td>Mareado</td>
<td>Repetir la misma pregunta o comentario</td>
</tr>
<tr>
<td>Cambios en los hábitos de dormir</td>
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</tr>
</tbody>
</table>

### Los siguientes síntomas son observados por compañeros, padres y entrenadores:

- Parece desorientado
- Tiene una expresión facial vacía
- Está confundido acerca de la tarea o actividad
- Se olvida de las jugadas
- Está confundido sobre el juego, los puntos o el oponente
- Se mueve torpemente o muestra una falta de coordinación
- Contesta las preguntas lentamente
- Arrastra las palabras
- Muestra cambios de comportamiento o personalidad
- No puede recordar los eventos que sucedieron antes de la colisión
- No puede recordar los eventos que sucedieron después de la colisión
- Ataques o convulsiones
- Cualquier cambio en el comportamiento típico o personalidad
- Perdida de la conciencia
¿Qué puede pasar si mi hijo(a) sigue jugando con una concusión cerebral o regresa a jugar antes de que este recuperado?

Los deportistas con señales o síntomas de una concusión cerebral deben dejar de jugar inmediatamente. Continuar jugando con las señales o síntomas de una concusión pone al deportista en riesgo de sufrir una herida más grave. La probabilidad de que se sufra daño significativo de una concusión aumenta cuando ha pasado un periodo de tiempo largo después de que sucedió la concusión, sobre todo si el deportista sufre otra concusión antes de recuperarse completamente de la primera. Eso puede traer como consecuencia una recuperación más prolongada o incluso una hinchazón cerebral (síndrome de segundo impacto) con consecuencias devastadoras o fatales. Es bien conocido que los deportistas adolescentes no reportan mucho los síntomas de sus heridas. Eso es el caso también con las concusiones cerebrales. Por lo mismo es importante que los administradores, entrenadores, padres y estudiantes estén bien informados, el cual es clave para la seguridad de los estudiantes deportistas.

Si cree que su hijo(a) ha sufrido una concusión

En cualquier situación donde se sospecha que un deportista tiene una concusión, es importante sacar a este estudiante del juego o entrenamiento inmediatamente. Ningún deportista puede volver a participar en la actividad después de sufrir una herida de cabeza o concusión cerebral sin el permiso de un doctor, no importa si la herida parece ser ligera o los síntomas desaparecen rápidamente. Se debe de observar cuidadosamente el mejoramiento del deportista por varias horas. El nuevo estatuto 313 de la Federación Interescolar de California (CIF por sus siglas en inglés) requiere la implementación de las siguientes normas para regresar a jugar un deporte después de sufrir una concusión, las cuales se han recomendado por muchos años:

“Cuando se sospeche que un estudiante deportista ha sufrido una concusión o herida de cabeza en un entrenamiento o juego, a este estudiante deportista se le debe sacar de la competencia en ese momento y por el resto del día”. Y “A un estudiante deportista que se le ha sacado del juego no podrá volver a jugar hasta que le evalué un doctor licenciado con capacitación en la evaluación y manejo de las concusiones y hasta que se reciba un permiso por escrito para volver a jugar de dicho doctor”.

También debe informar al entrenador(a) de su hijo(a) si piensa que ha sufrido una concusión cerebral. Recuerde que es mejor faltar un partido que faltar toda la temporada. Si existe alguna duda de que el deportista sufrió una concusión cerebral o no, se tomará precauciones y no podrá jugar.

Si desea información actual acerca de las concusiones cerebrales por favor visiten el sitio en Internet: http://www.cdc.gov/ConcussioninYouthSports/

<table>
<thead>
<tr>
<th>Nombre del estudiante deportista</th>
<th>Firma del estudiante deportista</th>
<th>Fecha</th>
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</thead>
<tbody>
<tr>
<td>Nombre del padre, madre o tutor</td>
<td>Firma del padre, madre o tutor</td>
<td>Fecha</td>
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PURSUING VICTORY WITH HONOR

SIX Pillars OF Character

Trustworthiness  Respect  Responsibility  Fairness  Caring  Good

CITIZENSHIP

SIXTEEN PRINCIPLES OF PURSUING VICTORY WITH HONOR

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these “six pillars of character.”

2. It’s the duty of School Boards, superintendents, school administrators, parents, and school sports leadership - including coaches, athletic administrators, program directors, and game officials - to promote sportsmanship and foster good character by teaching, enforcing, advocating, and modeling these “six pillars of character.”

3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical, and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.

4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules, and they must conduct themselves, on and off the field, as positive role models who exemplify good character.

5. School Boards, superintendents, school administrators, parents, and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents, and spectators.

6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.

7. The importance of character, ethics, and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.

8. School Boards, superintendents, school administrators, parents, and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.

9. School Boards, superintendents, principals, school administrators, and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical, and ethical well-being of student-athletes is always placed above desires and pressure to win.

10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.

11. Everyone involved in competition including parents, spectators, associated student body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting, and inappropriate celebrations.

12. School Boards, superintendents, and school administrators of CIF member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of: 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character. 2) The physical capabilities and limitations of the age group coached as well as first aid and CPR. 3) Coaching principles and the rules and strategies of the sport.

13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.

14. To safeguard the health of athletes and the integrity of the sport, school sports programs must actively prohibit the use of alcohol, tobacco, drugs, and performance-enhancing substances, as well as demand compliance with all laws and regulations, including those related to gambling and the use of drugs.

15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school’s name or reputation. There should be no undue interference or influence of commercial interests. In addition, sports programs must be prudent, avoiding undue financial dependency on particular companies or sponsors.

16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimension of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring, and good citizen.
VIOLATIONS, MINIMUM PENALTIES, AND APPEAL PROCESS
(Applicable to players and coaches from time of departure for contest until time of return.)

**ACT**

1. Behavior resulting in ejection of athlete or coach from contest.

2. Illegal participation in next contest by athlete ejected from previous contest.

3. Second ejection of athlete or coach from any contest during one season.

4. When an athlete leaves the bench area or fielding position to begin a confrontation or leaves the bench area or fielding position to join an altercation.

5. When more than two athletes leave the bench area or fielding position to begin a confrontation or leave the bench area or fielding position to join an altercation.

6. Other acts committed by individuals or teams or acts committed at end of season.

7. Use of an ineligible player in a contest.

**MINIMUM PENALTIES**

**EJECTION POLICY:**

Any coach, team attendant, or spectator ejected by a contest official from any contest for any reason, at any level, is suspended indefinitely from participation, practice, or attending (site and sound) any sports contest, until the first of the following occurs: the ejected person serves the tentative penalty recommended by the commissioner; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes. Any player ejected by a contest official from any contest for any reason is suspended from participation in the next contest(s) until the tentative penalty recommended by the commissioner is served; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes. Players are permitted to practice with the team and attend contests, but not in game uniform, during the period of suspension. (Approved June 3, 2008, Board of Managers). Meetings will be scheduled at a time to be announced. There is no appeal of the Commissioner's decision. Telephonic and electronic meetings are not permitted.

Additionally, any person ejected (coach, player, spectator) is required to attend a CIFSDS Ethics in Sportsmanship Meeting, which will be held at a time to be announced. Failure to attend the sportsmanship meeting will result in immediate suspension of athletic eligibility or attendance (site and sound) at contests or practices until such time as the ejected person attends a Sportsmanship Meeting. (Approved June 7, 2005, Board of Managers).

Ineligibility for remainder of season for athlete. A written appeal may be made by the individual or school to the commissioner.

A coach, who permits participation by a player ejected from a previous contest, knowingly violates a CIF or San Diego Section rule, and penalty may include a sanction to the school, coach, or suspension of membership.

Ineligibility of athlete for remainder of season or suspension of coach for remainder of season. A written appeal may be made by the school principal within two school days to the commissioner for reduction of penalty. Official to make report by the next school day to the commissioner.

Ejection from the contest for those designated by the official, ineligibility for the next contest, probation for remainder of season. Those players involved are later identified, ineligible for next contest and probation for remainder of season. A written appeal may be made by the individual(s) or school to the commissioner. Official to make report by the next school day to the commissioner.

A similar infraction of this act by the same athlete(s) during the same season will result in termination of the season for the athlete(s) concerned. A written appeal may be made by the school principal to the Commissioner.

Contest will be stopped by officials and coaches. Ejection from the contest for those athlete(s) designated by the officials. The team(s) that left the bench area must forfeit the contest, record a loss, and the team(s) and player(s) placed on probation for the remainder of the season. A written appeal may be made by the school(s) principal to the commissioner. A second infraction will result in cessation of the season for the team(s) and/or athlete(s). A written appeal may be made by the school(s) principal to the commissioner. Official to make report by the next school day to the commissioner.

If the act occurs in the CIF-San Diego Finals, and both teams are charged with a forfeit, there will be no champion. A written appeal may be made by school(s) principal to the commissioner. Official to make report by the next school day to commissioner.

Commissioner, as authorized by Green Book, to determine and implement penalties up to and including career suspension for individuals and following year penalties for teams.

If a team uses an ineligible player in a contest(s), the contest(s) shall be forfeited. The number of forfeited contest(s) exceeds the maximum permitted in accordance with the CIFSDS Forfeit Policy (see Green Book) the team shall be excluded from CIFSDS playoffs.

If an ineligible individual is permitted to participate in an individual sport, that individual is excluded from playoffs, and the school is subject to penalties for a willful violation of a rule.

*Commissioner, as authorized by Green Book, may determine and implement additional penalties up to and including career suspension for individuals and following year penalties for teams.
Keep Their Heart in the Game
A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?
Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart’s structure.

How common is sudden cardiac arrest in the United States?
As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?
SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they’re out of shape and need to train harder, or they simply ignore the symptoms, assuming they will “just go away.” Additionally, some health history factors increase the risk of SCA.

What should you do if your student-athlete is experiencing any of these symptoms?
We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, those should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor’s feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?
An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythm and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio directions instruct the rescuer where to place the AED electrodes. Other AEDs provide an automatic shock. If a shock heart rhythm is detected, a rescuer can intervene (if trained) and a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

The Cardiac Chain of Survival
On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest
- Collapsed and unresponsive
- Gasp, gurgle, snort, meaning or labored breathing noises
- Seizure-like activity

Early Access to 9-1-1
- Confirm unresponsiveness
- Call 9-1-1 and follow emergency dispatcher’s instructions
- Call any on-site Emergency Responders

Early CPR
- Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute

Early Defibrillation
- Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for bystanders to use in an emergency situation

Early Advanced Care
- Emergency Medical Services (EMS) Responders begin advanced life support, including additional resuscitative measures and transfer to a hospital

Cardiac Chain of Survival Courtesy of Parent Heart Watch
Keep Their Heart in the Game

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

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

Potential Indicators That SCA May Occur

- Difficulty breathing or unusual shortness of breath
- Chest pain or discomfort that spreads to the shoulder, arm, or jaw
- Unexplained pain or tightness in the chest
- Dizziness, fainting, or loss of consciousness
- Unusual fatigue or exercise intolerance
- Sudden swelling, warmth, or redness in one leg or arm

Factors That Increase the Risk of SCA

- Family history of SCA
- Family history of heart disease
- Family history of diabetes
- Family history of high blood pressure
- Family history of stroke
- Family history of early heart disease
- Family history of heart rhythm disorders
- Family history of inflammatory conditions
- Family history of chronic lung disease
- Family history of genetic conditions
- Family history of other medical conditions

What is CIF doing to help protect student-athletes?

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

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

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE’S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN’S NAME

DATE

For more information about Sudden Cardiac Arrest visit

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

Eric Parades Save A Life Foundation
http://www.epsavealife.org

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

CIF

SAVE A LIFE

FOUNDATION
PLEASE RETURN PAGES 1 THROUGH 6, ALONG WITH A COPY OF YOUR HEALTH INSURANCE CARD (IN STUDENT’S NAME) TO THE VCHS ATHLETIC OFFICE