

Trinity Alps Unified School District
Athletic Handbook

Weaverville Elementary School Wildcats



Trinity High School Wolves



TABLE OF CONTENTS

Forward	3
Philosophy	4
Expectations of Athletes	4
Expectations of Parents	7
Code of Conduct & THS Steroid Policy	10
Documentary Eligibility	10
Use of Illegal Drugs, Alcohol, & Tobacco	11
Equipment	12
Transportation	12
Attendance	13
Discipline	13
General Athletic Policy	14
Interpretation of Extra-Curricular Code	14
Athletic Travel Waiver of Liability	15
Severe Injury Warning	15
Student Contract	16
Athletic Code Enforcement	16
Dress Code	17
Note: The following forms must be submitted to respective school site prior to athletic participation, including tryouts.	
APPENDIX-A	
Trinity High School-Athletic Activity Card	19
Trinity High School-Athletic Accident Insurance	20
Trinity High School-Physical Form	21-22
APPENDIX-B	
Weaverville Elementary School-Athletic Activity Card	24
Weaverville Elementary School -Athletic Accident Insurance	25
Weaverville Elementary School -Physical Form	26-27

FORWARD

The purpose of this handbook is to inform our student-athletes and their parents of the Trinity Alps Unified School District's athletic rules and policies. It must be understood that the rules set forth in this document are intended to enhance the quality of the experiences available through educational athletics by providing a program based on proper discipline and positive values.

Being a Trinity Alps Unified School District (TAUSD) student-athlete carries with it a tremendous amount of responsibility. A student who elects to participate in athletics is voluntarily making a choice of self-discipline and dedication. This necessitates a strong emphasis on good training habits. Your conduct at school, practice and games affects the image people have of TAUSD schools and our local community. Strive to represent your school and community with pride and dignity. It must be understood that students who choose not to follow the rules set forth by the TAUSD School's athletic department and, as appropriate, the California Interscholastic Federation guidelines may be denied the privilege of participation in athletics. The contents of this handbook were established with the athletes' well-being and fitness in mind. We are striving for excellence and want our athletes to work to be their best. You have accepted the challenge of athletic participation. Now you must set goals and make a personal commitment to achieve those goals.

PHILOSOPHY

Interscholastic athletics shall be an integral part of the total school program. The purpose of athletics is to foster optimum growth - physical, mental, social and moral - of the participants. Emphasis shall be upon teaching “through athletics” in addition to teaching the skills “of athletics”. We believe that our athletes are students first, and that their experiences in athletics are a vital part of the total education available at Trinity Alps Unified School District.

EXPECTATIONS OF ATHLETES

Participation

Athletics is voluntary. Participation is not required for graduation and thus, being on a sports team is a privilege which must be earned and not a right. With that privilege come responsibilities to maintain the established standards of conduct of this district as defined in the Activity Code, The “Six Pillars of Character” contained in the Code of Conduct for Interscholastic Student-Athletes, and the principles contained in “Pursuing Victory with Honor” both on and off the field.

Athletics as a Part of the Educational Program

Athletics are just one of many parts of the education program that is provided students. The reason students are in school is to learn and therefore academics will always come first. Maintaining academic eligibility is the student’s responsibility, not that of coaches or teachers.

Eligibility can also be lost because of poor attendance or citizenship. Participating in athletics and being on a team may mean sacrifices. The commitment an athlete makes to his/her team and coach requires that choices be made and priorities kept.

Being a Part of the Team

Athletes learn many skills to play their chosen sport but the most important skill that must be learned is teamwork. To be successful, every member of the team must work together to make the whole greater than the sum of the parts.

Coming Ready to Play

Athletes should come to practice on time, ready to listen and ready to learn.

Athletes should be prepared physically and mentally for the season. This includes training in the preseason and taking care of your body and mind during the season.

Conduct On and Off the Field

On the field:

Athletes are respectful towards their teammates, coaches, opponents, fans, and officials. They play by all the rules of the game all the time.

On campus:

Athletes set an example of good citizenship. They help promote school spirit and they should strive to be positive leaders in school activities.

In the classroom: Athletes show respect for teachers and fellow students.

At all times:

Athletes represent their team, school and community. Athletes should be conscious of their appearance and manners at all times.

Sportsmanship

Athletics mean more than competition between individuals or teams representing different schools. It is a means of learning the lessons of life.

Winning and losing are a part of competition and should be done with modesty in victory and graciousness in defeat.

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

TRUSTWORTHINESS

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

Respect — treat all people with respect all the time and require the same of other student-athletes.

Class — live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.

Disrespectful Conduct — don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

Respect Officials — treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

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.

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.

Self-Control — exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

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

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

FAIRNESS

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

CARING

Concern for Others — demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.

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

CITIZENSHIP

Play by the Rules — maintain a thorough knowledge of and abide by all applicable game and competition rules.

Spirit of rules — honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

EXPECTATIONS OF PARENTS

Keeping Athletics in Perspective

Emphasize that academics always come first. Assist the student to structure time wisely so that athletics do not interfere with academics.

Use athletics as a way to teach our children how to react and interact with other people during tense situations. Help your athlete understand that athletic ability varies with body maturity and that effort is just as important as natural ability.

Supporting your Student Athlete

Encourage participation by both girls and boys. Allow the student to select the sport based on his/her perceived ability and likes. Provide a pressure free environment regarding scholarship expectations.

Be supportive of your athlete: see that his/her medical needs are met; see that he/she has proper equipment; attend as many of your child's contests as possible. Stress the importance of the complete athlete, both mental and physical preparation. Do not emphasize "quitting" as the best way to solve problems, but rather perseverance.

Supporting the Program

Be supportive of the coaching staff. Go to all meetings requested by coaches. Being on a successful team is important to your athlete. Support the coaches' preparation plan. Talk to your athlete frequently about how things are going with his/her sport. Make arrangements to talk to the coaches privately and early about perceived problems. During the season, take into consideration practice and games when planning family events.

Understand the needs of the particular sports. Some take more equipment, some take more time and others may call for some form of year-round preparation. Support the district policy of no profanity, alcohol, illegal drugs, or tobacco. Model positive behavior towards everyone involved in the event as described in the "Six Pillars of Character" contained in the Code of Conduct for Interscholastic Sports.

Communications with Coaches

Communications with coaches should be limited to:

- Suggested ways to help your student-athlete improve his or her skills.
- Concerns about your student athlete's behavior and/or academic progress.

It is very difficult to accept that your child may not play as much as you may have hoped. Our coaches are required to make judgment decisions based upon evaluation of practice performance and what they believe to be in the best interest of all those involved in their programs. As you have read above, certain things can be and should be discussed with your child's coach. Other things, such as the following, must be left to the coach's discretion:

- Playing time
- Team strategy
- Play calling
- Other student athletes

If you have a concern to discuss with a coach, please follow the procedures listed below:

Have your child meet with his/her coach to discuss the issue. In most cases this meeting can resolve issues and questions.

Call the coach directly to discuss your concerns.

Please do not attempt to confront a coach before or after a contest, or practice. This can be an emotional time for both the parent and the coach. Meetings of this nature do not promote conflict resolution.

The next step:

If the coach-athlete and parent-coach meetings do not provide satisfactory resolution to the concern, THEN, call and set up an appointment with the Athletic Director, Principal, and the coach to discuss the situation. At this meeting, issues of concern will be discussed and an appropriate plan of action developed.

Try-out Procedures

Coaches have a very tough task deciding who and how many student-athletes will be on teams based upon many factors including equipment, manageable numbers of participants, travel considerations, etc. Every attempt to be fair and equitable will be made in situations where cuts are necessary.

Coaches will:

Provide written/verbal criteria for cuts.

Advertise tryouts through the school bulletin and through announcements at school. Have a clear time frame for when cuts will be made and post team lists when advertised by the coach.

Team Selection

The coach will conduct try-outs at the beginning of each season to determine the potential ability of each student to perform or compete at the necessary skill level to be comfortable and successful. Coaches may arrange teams by skill level to allow for the fullest possible development for the athlete. Coaches may set limits on the number of students to participate on each team.

In addition to student skill level, selection consideration will be given to the following characteristics:

- Attitude
- Effort
- Potential
- Conduct
- Expectation of performance readiness
- Dedication to the sport

STEROID POLICY-TRINITY HIGH SCHOOL

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 healthcare practitioner to treat a medical condition (Bylaw 523).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use the 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 202.B, there could be penalties for false or fraudulent information. We also understand that the Trinity High School policy regarding the use of illegal drugs will be enforced for any violations of these rules.

TRINITY ALPS UNIFIED SCHOOL DISTRICT ATHLETIC / ACTIVITY CODE OF CONDUCT

This is the Activity Code under which all athletic activities operate. Students participating in these programs place themselves under this Code. Participation in activities is a privilege, not an inherent right.

Athletic activities are an integral part of our school curriculum and as such must contribute to the well being of all participants. Participants are reminded they represent the school and community and their actions must be a credit to both. All school rules apply in all extra-curricular activities.

The District strongly opposes student or parent sponsored activities that condone or promote the use of tobacco, alcohol, or drugs. Parents are encouraged to make sure their students are not involved in the use of tobacco, alcohol, or drugs.

The Code of Conduct is the set of major rules established primarily for the health and safety of our student-athletes. These rules, listed below, have specific penalties, and are referred to the Principal for enforcement.

Furthermore, conduct detrimental to the school district, depending on severity, may be considered a violation of the Athletic Activity Code of Conduct.

1.0 DOCUMENTARY ELIGIBILITY

- 1.1 Students who participate in extra-curricular activities must have earned a "C" (2.00) GPA from the preceding grading period with no grade of "F". Students must also be passing in at least twenty (20) credits of class work in order to be eligible. A Non-Pass grade is equal to an "F". Night school and summer school credits may be counted towards total GPA.
- 1.2 Physical examination, parent permission forms, insurance forms, severe-injury forms and other forms as required, as well as payment of transportation fee(s),

- shall be recorded on file in the School Office before any participation or practice is allowed. Note: Physical examinations are required for all students participating in athletic programs grades 7-12.
- 1.3 Students are responsible to arrange for a physical examination of his/her own at no cost to the District. Results of the physical examinations shall be recorded on the appropriate District form and shall be renewed after July 1st annually.
 - 1.4 Parent permission forms and emergency consent forms shall be on file at the school. A signature by a parent or legal guardian is required.
 - 1.5 A prospective athlete shall either secure student insurance or have his/her parent or legal guardian, complete the Statement of Responsibility for Athletic Insurance. Proof of payment for student insurance or the Statement of Responsibility shall be on file at the school
 - 1.6 High school students who wish to participate in extra-curricular activities must meet all CIF guidelines.
 - 1.7 Upon entering Trinity High School as a freshman, students will receive a one-time academic waiver that is applicable only to the beginning of the first fall semester grading period of their freshman year. This is a one-time non-transferrable waiver that allows a student to gain academic eligibility only upon entrance to Trinity High School at the beginning of the first, fall grading period.

2.0 USE OF ILLEGAL DRUGS, ALCOHOL OR TOBACCO

During a student's tenure at the Trinity Alps Unified School District, a student who possesses or uses illegal drugs, alcohol, tobacco, or "look-a-like" products, misuses or illegally uses or possesses prescription drugs, on or off campus, in school or in non-school situations, is in violation of this code. Students in violation of this section of the code as well as previous sections will be subject to the disciplinary guidelines in the sections 2.1-2.5. A student in a non-school situation will be disciplined ONLY when the school receives written substantiated evidence from a law enforcement agency or school personnel. The sanctions will be in effect from the date that the school receives written substantiated evidence of the infraction from a law enforcement agency or school personnel.

- 2.1 First Offense: Students, with parents, guardian, or mentor would be referred for services to the school or to Alcohol and Other Drugs (AOD) for assessment. Students would then return to the school with a treatment plan and/or educational plan at no cost to the school district. This plan shall require proof of a minimum of one hour per week of school approved drug / alcohol counseling for the duration of the student's ineligibility status. The students would be ineligible for competition for six weeks. Students would be able to try out for a team while under the provisions of this policy. The students would be eligible to continue practice with their team but would not be able to travel with the team or be on or near the bench during competition. Students electing not to attend the referral or follow through with the treatment/education plan will be suspended from athletic activities for not less than

nine weeks.

- 2.2 Second offense: The students will be suspended from participation in all athletic activities for not less than nine weeks. Students, with parent, guardian, or mentor would be referred for services to the school or to Alcohol and Other Drugs (AOD) for assessment. Students would then return to the school with a treatment plan and/or educational plan at no cost to the district. This plan shall require proof of a minimum of one hour per week of school approved drug / alcohol counseling for the duration of the student's ineligibility status. Students would be removed from their team / extra-curricular activity for nine weeks. Students electing not to attend the referral or follow through with the treatment/education plan will be suspended from team / athletic activities for the remainder of the semester and the following semester.
- 2.3 Third and subsequent offense: students would be suspended from participating in all team / athletic activities for one calendar year from the date of the incident.
- 2.4 A student removed from a team and who does not finish the season of sport will lose eligibility for post-season awards and honors.
- 2.5 Students who participate in athletic activities may be assessed other penalties for inappropriate behavior. These include team / athletic activity rules imposed by the coach / advisor and specified on any team / athletic activity contract signed by the student and parent. These team contracts will be kept on file with the Athletic Director or with administration at the beginning of the season or activity. These additional guidelines can exceed the severity of, but not be less than the guidelines' set forth in this code.

3.0 EQUIPMENT

- 3.1 All equipment is issued to a student on a loan basis, subject to normal wear and tear. Equipment that is abused or lost must be paid for by the student to whom it was issued.
- 3.2 For a student to be eligible to participate in a subsequent activity, all equipment must be turned in after the season. Failure to do so shall result in school penalties.

4.0 TRANSPORTATION

- 4.1 Transportation is arranged in most cases for students who participate in athletic activities. Students shall ride both to and from the event in District approved transportation.
- 4.2 Parents wishing to provide their son or daughter transportation home from activities must sign the student out with the bus driver or coach.
- 4.3 If a student wishes to ride home from an event with a parent other than their own they must have a note signed by their parent or guardian stating who they wish their son or daughter to be transported home with and this must be signed by an administrator or designee. This note must be presented to the coach before departure from the event.

- 4.4 A student may travel to an activity with his/her parent/guardian, upon approval by the administrator or designee. Sometimes extenuating circumstances dictate this situation, such as, scheduled medical appointments or other conflicting school activities, which make normal transportation unfeasible.

5.0 ATTENDANCE

- 5.1 If student is absent (for any portion of a day or for an entire school day) on the day of a scheduled game, practice, special event, or field trip, the student may not participate in the event. The athlete may not physically attend the athletic activity to watch. Exception: If the student brings in a note from a doctor, dentist, attorney, or parent excusing the absence for a prescheduled appointment, the student may participate.
- 5.2 If a game, special event, or field trip is scheduled for a Saturday, a student may not participate if the student was absent the previous Friday for any portion of the day or for the entire school day. Exception: If the student brings in a note from a doctor, dentist, attorney, or parent excusing the absence for a prescheduled appointment, the student may participate.

Penalty: The student will be ineligible for the activity. Participating while being ineligible will cause the student to be suspended from further activities for a period of five (5) school days.

6.0 DISCIPLINE

- 6.1 If a student is sent to the principal's office for any violation, the student will be given an appropriate consequence. If the consequence is in the form of detention, the student must serve all detentions prior to participating in a game, practice, special event or field trip.
- 6.2 School detentions are scheduled after school and during lunch (see student handbook). Detention times will not be altered for students participating in extra-curricular activities. Please do not request special consideration.
- 6.3 If a student is referred to the principal's office for continued violation of school rules and policies, the student will lose extra-curricular activity privileges.
- 6.4 Students cited for a criminal violation on or off campus shall be subject to the consequences of this code upon review by the school administration, even if the violations occur in non-school situations.
- 6.5 A student receiving a suspension during the season, in addition to regular disciplinary actions, will be suspended from participating in practice or athletic events on the day(s) of the suspension. Depending on the severity, the student may, in addition, be subject to the consequences outlined in the Penalties for Violations under the Athletic Code of Conduct.
- 6.6 A student receiving three or more suspensions during the current school year prior to try-outs will automatically be considered ineligible.

7.0 GENERAL ATHLETIC POLICY

- 7.1 No athlete may participate on two interscholastic sports during the same season of sport. Exception: Within the same season of sport, an athlete from team A may join Team B if Team A's season ends before Team B's contingent upon the approval of Team B's coach.
- 7.2 Medical and insurance forms **MUST** be on file with the Athletic Director before the athlete is allowed to practice or be issued any equipment or a uniform.
- 7.3 Letters are awarded only to players, managers, and cheerleaders.
- 7.4 An athlete must complete a full season, except for injury, in order to letter. The athlete must be on the team before the first league contest and through the last league contest and any play-off contest.
- 7.5 No letters or awards will be presented until all equipment and uniform parts are turned in.
- 7.6 An athlete is not allowed to participate in another sport until cleared by the coach from a previous sport.
- 7.7 An athlete who is dropped from a team for disciplinary reasons or who quits, will not be allowed on another team. An athlete off of Team A may not join Team B until the season of sport for Team A has been completed. Exception: An athlete who quits Team A before the roster is finalized may join Team B during the same season of sport.
- 7.8 Pilferage (stealing) is the unauthorized possession of any equipment or uniform parts belonging to any school. This action will cause the athlete to be ineligible from athletics for the remainder of the school year.
- 7.9 No athlete will participate in the next season of sport until the previous season of sport is completed. An athlete from Team A may not join Team B until the season of sport is completed for Team A or for that individual.
- 7.10 Individual coaches may also establish "Team Rules" which do not conflict with the Code of Conduct or CIF guidelines. Coaches are responsible for communicating these rules to student-athletes and their parents. Enforcement of a coach's individual rules is left up to the coach, under the direction of the Athletic Director. All rules must be approved by the Athletic Director or Principal in advance.

8.0 INTERPRETATION OF EXTRA-CURRICULAR CODE

The principal of the school shall be the first authority in the interpretation of this extra-curricular code including, but not limited to, decisions regarding termination of a student from an extra-curricular activity. In matters of appeal all recommendations shall be made to the Superintendent.

9.0 ATHLETIC TRAVEL- WAIVER OF LIABILITY

This is to advise you that under California Education Code Section 35330(d) if your child goes on trips authorized by this Districts Board of Trustees, you and your child are deemed to have waived a claim against this District and the State of California for injury,

accident, illness, or death occurring during or by reason of the trips. By signing this form, you acknowledge that you are aware of this law and that your child is being allowed to go on scheduled athletic trips with your permission

Students will travel to and from school activities and athletic events in school transportation or in school approved vehicles. Adult volunteer drivers and private transportation may be used according to written District Policy. Exceptions: Students may return from an activity with their parent or with the parent of another student. A written request from the parent must be approved and co-signed by the administrator or designee. This note is then given to the team's coach.

A student may travel to an activity with his/her parent/guardian, upon approval by the administrator or designee. Sometimes extenuating circumstances dictate this situation, such as scheduled medical appointments or other conflicting school activities, which make district transportation unfeasible.

Parent Volunteers

Any adult transporting students in a district vehicle or acting as a student chaperone must be pre-approved by school administration and have all necessary paperwork on file in the school office.

10.0 SEVERE INJURY - WARNING

Potential Dangers in Athletic Participation

Parents and athletes should fully understand and appreciate the risk of serious injury associated with participation in sports programs provided by TAUSD. Athletic activities can be hazardous, and taking part in such activities is calculated risk-taking on the part of the athlete and parents. While reducing injuries to a minimum is a goal of our coaching staff and administration, the possible dangers must not be overlooked.

PARTICIPATION IN COMPETITIVE ATHLETICS MAY RESULT IN SEVERE INJURY, WHICH MAY INCLUDE PARALYSIS OR EVEN DEATH. CHANGES IN GAME RULES, IMPROVED CONDITIONING PROGRAMS, AND IMPROVEMENT IN EQUIPMENT HAVE HELPED REDUCE THESE RISKS BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH SEVERE INJURY FROM ATHLETICS.

Players can reduce the chance of an injury by obeying all safety rules in their sport, reporting any personal physical problem they have to their coach, follow the proper conditioning program and inspect their own equipment every day. Damaged equipment is not to be used and must be replaced immediately.

EVEN IF ALL THESE REQUIREMENTS ARE MET, AND THE ATHLETE IS USING PROPER EQUIPMENT, SERIOUS ACCIDENTS MAY STILL OCCUR.

Athletic Injuries and Insurance

Athletics is a voluntary program in which students participate at their own risk. Optional student insurance provided by the school is a secondary coverage policy, and may cover

medical costs not covered under your own family insurance. Any time you are injured while participating in athletics, be sure that an Accident Report is filled out promptly. If your medical insurance company refuses to cover any charges because proper steps are not followed, the school insurance company also will not pay. TAUSD does not assume financial responsibility for medical, hospital, or ambulance expenses incurred because of athletic injuries. Questions regarding student insurance should be directed to the Athletic Director or Principal.

11.0 STUDENT CONTRACT - ATHLETIC PARTICIPATION

Student athletes must agree to the following statements:

- 11.1 Athletes will follow all the rules of TAUSD, the rules of the Activity Code, and all team rules as set by individual coaches.
- 11.2 Athletes will not use alcohol, tobacco, drugs, or steroids.
- 11.3 Athletes will maintain good academic and citizenship records.
- 11.4 Athletes will conduct themselves in such a manner as not to bring discredit upon themselves, their team, or their school.
- 11.5 Athletes will turn in all school equipment and uniforms within one week following the end of the season. Athletes are responsible for any items that are lost and will pay for the replacement of such items.

12.0 ATHLETIC CODE ENFORCEMENT

Jurisdiction

The Athletic Code of Conduct will be enforced for all athletes during the entire school year or during any time the athlete is participating on a school sponsored team, whether the violation occurs on or off school grounds. Issues reported by law enforcement agencies, or witnessed first hand by a member of the TAUSD staff will be acted upon, regardless of when they occur. An athlete is defined as any student who has begun participation on any team (for the purpose of enforcing the Athletic Code).

Appeals Process

Whenever a student-athlete or his/her parents question the outcome of a hearing regarding an Athletic Code Violation, an appeal may be made to the Superintendent. Such appeal must be made in writing within two days after the decision is rendered by the site Principal. The Superintendent shall schedule a meeting as soon as possible, allowing time for his/her investigation of the facts, and time necessary to assemble the interested parties.

After hearing the appeal, the Superintendent may take up to twenty-four hours to render a decision.

The decision of the Superintendent may be appealed to the TAUSD Governing Board. Such appeal must be in writing within two days after the decision of the Superintendent is rendered. The Governing Board will hear the case at its next regularly scheduled meeting, and will render a decision within seven days after the meeting.

The Superintendent shall decide if the student-athlete shall continue participation during the Appeals Process. Every attempt shall be made to expedite the process, whether the student-athlete is allowed to participate during the Appeals Process or not.

13.0 DRESS CODE

Dress Code

Coaches are responsible for enforcing proper dress for their student-athletes during practice sessions. This includes the times before and after practice while the student-athletes are in or around the school buildings.

1. Hats may not be worn in the building, except during baseball or softball practice.
2. Sports bras must be covered. Girls must wear t-shirts under loosely fitting game or practice jerseys.
3. Boys must wear shirts at all times in and around the school and practice and game areas.

Athletes will dress in a respectful manner reflecting the positive values of their team, school and community on game days. All other school dress code policies will be in effect during team functions.

APPENDIX-A
Trinity High School Forms

The following forms must be submitted to respective school site prior to athletic participation, including tryouts.

ATHLETICS ACTIVITY CARD- Trinity High School

Student Name _____

Birth Date ___/___/___ Height _____ Weight _____ Blood Type _____ Allergies _____

Date of last Tetanus Booster Shot _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Address _____

Employer _____ Insurance Company _____

Subscriber # _____ Group # _____

INFORMED CONSENT AWARENESS OF SPORTS INJURY RISK WARNING AND AGREEMENT

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur.

Students and parents/guardian 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, participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers, and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.

Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches' instructions regarding playing, techniques, training, equipment, and other team rules, etc., both in competition and practice and agree to obey such instructions.

If any of the foregoing is not completely understood and you have questions, please contact your school athletic director or school administrator for further information.

STATEMENT OF UNDERSTANDING

I have read and understand the TAUSD Activity Code that governs all extra-curricular/athletic activities at Trinity High School and entire contents of the TAUSD Athletic Handbook. I do understand that participation in extra-curricular/athletic activities at Trinity High School is a *privilege not a right*. I also understand the alcohol/drug/steroid/tobacco policy, severe injury warning, transportation policy, and student contract as it pertains to extra-curricular/athletic participation. I also understand the Informed Consent/Injury Risk Warning and Agreement and I acknowledge that I have carefully read these participation agreements for all voluntary activities and understand and agree to its terms.

Student Signature _____ Date ___/___/___

Parent/Guardian Signature _____ Date ___/___/___

MEDICAL RELEASE

I hereby give my permission for an employee of Trinity High School to seek necessary emergency care for my child. Such care is provided by a licensed and qualified physician.

Parent/Guardian Signature _____ Date ___/___/___

ATHLETIC ACCIDENT INSURANCE INFORMATION - Trinity High School

The Trinity Alps Unified School District **DOES NOT PROVIDE** medical insurance coverage for students that are injured at school or during a school activity, such as athletics. California Education Code does require the District to provide information about insurance companies that offer adequate student-accident medical insurance. Myer-Stevens Insurance Company does offer student insurance coverage at a reasonable cost. Information about this company is available at the school office. Parents are responsible for the necessary accident insurance for their child. Parents may already have good insurance that is being provided by their employer or family purchased insurance. If there is no insurance coverage for the student, it **MUST** be purchased if the child wishes to try-out/participate in the school's athletic program and/or extra-curricular activities.

As a parent/guardian I already have adequate medical-accident insurance for my child,

_____ Birth date ____/____/____

All information below must be provided.

Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Parent/Guardian Signature: _____ Date: ____/____/____

---- OR ----

As a parent I do not have accident insurance, but have purchased for my child,

_____. Birth date ____/____/____

I have sent a check to purchase the insurance on ____/____/____ (date).

Insurance Company Name: _____

I have purchased the following type of insurance:

____ Football Only ____ School Time ____ Full Time

Parent/Guardian Signature: _____ Date: ____/____/____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) [†]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic [‡]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[†]Consider GU exam if in private setting. Having third party present is recommended.
[‡]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

APPENDIX-B
Weaverville Elementary School Forms

The following forms must be submitted to respective school site prior to athletic participation, including tryouts.

ATHLETICS ACTIVITY CARD- Weaverville Elementary School

My child _____ has my permission to participate in Weaverville Elementary School Athletic Programs and trips for the season. My child is physically able to participate in the Weaverville Elementary School Athletic Programs. To the best of my knowledge, he/she does not have any physical disability that would endanger his or her physical well being while participating in the athletic program. I GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN ATHLETICS.

Parent/Guardian Signature _____

Date _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that my child becomes ill or sustains an injury while at school or during a school-sponsored function (field trip, etc.), permission is hereby given for the administration of first aid for his/her relief. If, in the opinion of the school officials or trip leaders, emergency medical or dental treatment is required, my consent is given to perform such procedures that the existing emergency requires for the relief of pain and to preserve his/her life and health. I understand that I am ultimately responsible for any expenses incurred regarding medical or dental treatment and that the Trinity Alps Unified School District ***DOES NOT PROVIDE*** medical insurance coverage for students that are injured at school or during a school activity, such as athletics.

Signature of Father/Guardian _____

Date _____

Father's Home Phone Number _____

Father's Work Phone Number _____

Signature of Mother/Guardian _____

Date _____

Mother's Home Phone Number _____

Mother's Work Phone Number _____

EMERGENCY INFORMATION: (Someone to contact when your child is ill or hurt and parent or guardian cannot be reached.)

Name: _____

Phone: _____

Doctor: _____

Phone: _____

Health Plan/Insurance (i.e. Blue Cross): _____

ID#: _____

Group #: _____

Medications: _____

Allergies: _____

Health Problems: _____

*******Beginning in the 2010-11 school year all Weaverville Elementary School students participating in athletics must have a physical examination prior to athletic participation (including tryouts & practices) and medical insurance coverage must be provided or purchased for students.**

ATHLETIC ACCIDENT INSURANCE INFORMATION — Weaverville Elementary School

The Trinity Alps Unified School District **DOES NOT PROVIDE** medical insurance coverage for students that are injured at school or during a school activity, such as athletics. California Education Code does require the District to provide information about insurance companies that offer adequate student-accident medical insurance. Myer-Stevens Insurance Company does offer student insurance coverage at a reasonable cost. Information about this company is available at the school office. Parents are responsible for the necessary accident insurance for their child. Parents may already have good insurance that is being provided by their employer or family purchased insurance. If there is no insurance coverage for the student, it **MUST** be purchased if the child wishes to try-out/participate in the school's athletic program and/or extra-curricular activities.

As a parent/guardian I already have adequate medical-accident insurance for my child,

_____ Birth date ____/____/____

All information below must be provided.

Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Parent/Guardian Signature: _____ Date: ____/____/____

---- OR ----

As a parent I do not have accident insurance, but have purchased for my child,

_____. Birth date ____/____/____

I have sent a check to purchase the insurance on ____/____/____ (date).

Insurance Company Name: _____

I have purchased the following type of insurance:

____ Football Only ____ School Time ____ Full Time

Parent/Guardian Signature: _____ Date: ____/____/____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

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

GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?				26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____				27. Have you ever used an inhaler or taken asthma medicine?			
3. Have you ever spent the night in the hospital?				28. Is there anyone in your family who has asthma?			
4. Have you ever had surgery?				29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?			
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?				31. Have you had infectious mononucleosis (mono) within the last month?			
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				32. Do you have any rashes, pressure sores, or other skin problems?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?				33. Have you had a herpes or MRSA skin infection?			
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____				34. Have you ever had a head injury or concussion?			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)				35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
10. Do you get lightheaded or feel more short of breath than expected during exercise?				36. Do you have a history of seizure disorder?			
11. Have you ever had an unexplained seizure?				37. Do you have headaches with exercise?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?				38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?			
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?				40. Have you ever become ill while exercising in the heat?			
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?				41. Do you get frequent muscle cramps when exercising?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?				42. Do you or someone in your family have sickle cell trait or disease?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?				43. Have you had any problems with your eyes or vision?			
BONE AND JOINT QUESTIONS		Yes	No	44. Have you had any eye injuries?			
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?				45. Do you wear glasses or contact lenses?			
18. Have you ever had any broken or fractured bones or dislocated joints?				46. Do you wear protective eyewear, such as goggles or a face shield?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?				47. Do you worry about your weight?			
20. Have you ever had a stress fracture?				48. Are you trying to or has anyone recommended that you gain or lose weight?			
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)				49. Are you on a special diet or do you avoid certain types of foods?			
22. Do you regularly use a brace, orthotics, or other assistive device?				50. Have you ever had an eating disorder?			
23. Do you have a bone, muscle, or joint injury that bothers you?				51. Do you have any concerns that you would like to discuss with a doctor?			
24. Do any of your joints become painful, swollen, feel warm, or look red?				FEMALES ONLY			
25. Do you have any history of juvenile arthritis or connective tissue disease?				52. Have you ever had a menstrual period?			
				53. How old were you when you had your first menstrual period?			
				54. How many periods have you had in the last 12 months?			

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) [†]			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic [‡]			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[†]Consider GU exam if in private setting. Having third party present is recommended.
[‡]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO