Athletic Handbook
Mt. Carmel High School Athletic Guidelines

I. Philosophy of Athletic Department:

Mt Carmel provides a competitive environment, challenging student athletes to pursue excellence; on the field, in the classroom and in the community. Participation at Mt Carmel offers athletes an environment for personal development through teamwork, responsible behavior, leadership, victory with honor and character development.

Mt. Carmel would like to welcome you as a participant in Sundevil athletics. We are hopeful that you will be an involved participant in a program that offers competition in twenty-six sports. Participation on an athletic team is a PRIVILEGE that is extended to every student who is eligible under regulations set up by the State of California Interscholastic Federation (CIF), Poway Unified School District (PUSD), and Mt. Carmel High School (MCHS). With every privilege comes responsibility. The conduct of a Mt. Carmel athlete is closely observed by many people. An athlete is a representative of a team, the school and the community. It is important that Sundevil athletes represent the Sundevil Way at all times.

CHAIN OF COMMAND

If you have a concern to discuss with the coach, please follow this procedure:

- Contact the coach and set up an appointment directly with him/her.
- Please do not attempt to confront a coach before or after a contest. This can be an emotional time for both the parent and the coach. Confrontations of this nature do not promote positive resolutions.

If a satisfactory resolution between parent and coach does not take place after the initial communication:

- Contact the Athletic Director, Greg Lanthier, 858-484-1180, glanthier@powayusd.com
- The Athletic Director will set up a meeting with the parent, athlete, and coach.
- The Athletic Director will attempt to mediate a resolution. It is our intention to do our best in resolving any situations between athletes, parents, and coaches at its lowest level. For this to happen, all of the parties involved must be willing to work together to find the best possible solution.

The Poway Unified School District (PUSD) is an equal opportunity employer/program and is committed to an active Nondiscrimination Program. PUSD prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. For more information, please contact the Title IX/Equity Compliance Officer, Associate Superintendent Tracy Hogarth, Poway Unified School District, 15250 Avenue of Science, San Diego, CA 92128-3406, 858-521-2800, extension 2761.
Student athlete responsibilities:

1. Attendance
   a. Be at all practices and games.
   b. Be on time.

2. Attitude
   a. Put the team before yourself.
   b. Come prepared to be part of a team.
   c. Do whatever it takes to help the team.
   d. Come prepared to do your best. This includes proper nutrition, sleep and taking care of any injuries or illness.

3. Respectful Communication
   a. Communicate any problems or important issues with your coach.
   b. If you don’t understand something, ask your coach for further clarification.
   c. Social media, dishonorable conduct that violates PUSD and/or MCHS policies will result in disciplinary action. This includes but not limited to racial, ethnic, sexual orientation/sexual nature, religious, and physical disabilities.

4. Sportsmanship
   a. Act at all times as a representative of the Mt Carmel community and the Sundevil Way.
   b. Respect your teammates, opponents, coaches, officials, equipment, and any other aspects that your athletic endeavors may include.

Parent Responsibilities:

1. Attendance
   a. Please schedule vacations, appointments, etc. as to not interfere with practices or games.
   b. Encourage your student athlete to be on time to all athletic functions.

2. Attitude
   a. Help your student athlete to know and understand both school and team rules.
   b. Help your student athlete to understand the team concept by explaining and supporting their role on the team.
   c. Help your student athlete to come prepared to do their best by encouraging them to be physically and mentally prepared. This includes proper nutrition, sleep and care of any injuries or illness.
   d. Help your student athlete to understand that the team comes before the individual. Sometimes you must sacrifice individual success for team success.

3. Respectful Communication
   a. Use the system of communication set up by the Mt Carmel Athletic Department.
   b. Encourage your student athlete to communicate with their coach.
   c. Follow the Mt Carmel Expectation chain of command.

4. Sportsmanship
   a. Act at all times as a representative of the Mt Carmel community and the Sundevil Way.
   b. Be a positive example for all Mt Carmel community members to follow by showing respect and acting in a positive manner in regards to all student athletes, coaches, opponents, officials and any other aspects of the athletic experience.
Coach’s Responsibilities:

1. Attendance
   a. Provide schedules of all practices and games.
   b. Communicate changes in the schedule.
   c. Be on time.

2. Attitude
   a. Come prepared for all practices and games.
   b. Encourage student athletes to always do their best.
   c. Apply all school and team rules to all athletes equally.
   d. Act in a professional manner at all times.

3. Respectful Communication
   b. Expectations of both athletes and team as a whole.
   c. Location and times of all practices and games.
   d. Communicate all CIF, District, Mt Carmel, and Team rules clearly.
   e. Communicate to individual athletes their role on the team.
   f. Return parent phone calls and other communication in a timely manner.

4. Sportsmanship
   a. Act at all times as a representative of the Mt Carmel community and the Sundevil Way.
   b. Be a positive example for all student athletes to follow by showing respect and acting in a positive manner in regards to all student athletes, parents, other coaches, and officials at all times.

Athletic Department Communication Guidelines

Both parenting and coaching are extremely challenging in today's world. By providing these helpful communication guidelines, we believe we can best help our athletes reach their potential and allow them to enjoy their athletic experience.

COMMUNICATION PARENTS CAN EXPECT FROM ATHLETE’S COACH:

1. Expectations of both individual athlete and team
2. Location and times of all practices and games
3. CIF, District, Mt Carmel, and Team rules
4. Athletes role on team

COMMUNICATION THAT COACHES CAN EXPECT FROM PARENTS:

1. Concerns e Have your athlete communicate expressed directly to coaches, chain of command will be enforced
2. Specific questions about “The Sundevil Way” or expectations
3. Have your athlete give notification of any injuries or illness
4. Have your athlete communicate any absences prior to practices or games

APPROPRIATE CONCERNS TO DISCUSS WITH COACHES:

1. Treatment of your child (mentally or physically)
2. Ways to help your child improve
3. Concerns about your child’s behavior
4. Failure to meet Coaching Responsibilities listed in Philosophy Statement
INAPPROPRIATE CONCERNS TO DISCUSS WITH COACHES:

1. Playing Time
2. Team strategy
3. Play Calling
4. Another student athlete

It can be very difficult to accept when your athlete is not playing as much as you may have hoped. Coaches make decisions based upon what they believe to be in the best interest of the team. The coach must take into account all members of the team, not just one individual. As noted in the above lists, certain concerns should be discussed with the coach. Other decisions like the examples on the list of, "Inappropriate Concerns" must be left to the discretion of the coach.

II. Athletic Program

GENERAL OVERVIEW

Mt. Carmel High School is a member of the California Interscholastic Federation, San Diego Section, and competes in the North County Conference. The Conference consists of the following schools:

Football Only Leagues

Avocado West League: Carlsbad, El Camino, La Costa Canyon, Oceanside, Rancho Buena Vista

Palomar League: Poway, Ramona, Vista, Rancho Bernardo, Torrey Pines, Westview

Avocado East League: Escondido, Fallbrook, Mission Hills, San Pasqual, Vista

Valley League: Del Norte, Mt Carmel, Orange Glen San Marcos, Valley Center

All Other Sports

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<tr>
<th>Avocado West</th>
<th>Palomar</th>
<th>Avocado East</th>
<th>Valley</th>
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<tbody>
<tr>
<td>Carlsbad</td>
<td>Mt Carmel*</td>
<td>Escondido</td>
<td>Canyon Crest</td>
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<td>El Camino</td>
<td>Poway</td>
<td>Fallbrook</td>
<td>Del Norte</td>
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<td>La Costa Canyon</td>
<td>Ramona</td>
<td>Mission Hills</td>
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<td>Oceanside</td>
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<td>Rancho Buena Vista</td>
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<td>Westview</td>
<td>Vista</td>
<td>Valley Center</td>
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*Mt Carmel* Field Hockey is in the Valley League; Boys’ Lacrosse & Girls’ Lacrosse are in the Avocado League
Our Athletic Program Consist of the following Sports

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<thead>
<tr>
<th>FALL</th>
<th>WINTER</th>
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<tr>
<td>Boys’ &amp; Girls Cross Country</td>
<td>Boys’ Basketball</td>
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<td>Field Hockey</td>
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<td>Football</td>
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<td>Girls’ Golf</td>
<td>Girls’ Soccer</td>
<td>Boys’ Lacrosse</td>
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<td>Girls’ Tennis</td>
<td>Girls’ Water Polo</td>
<td>Girls’ Lacrosse</td>
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<td>Girls’ Volleyball</td>
<td>Wrestling</td>
<td>Softball</td>
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<td>Boys’ Water Polo</td>
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<td>Boys &amp; Girls Swim &amp; Dive</td>
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<td>Boys’ Tennis</td>
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<td>Boys’ &amp; Girls’ Track &amp; Field</td>
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<td>Boys’ Volleyball</td>
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III. Participation

CIF Requirements

Mt Carmel will uniformly meet the standards of eligibility as stated by the Constitution and By-Laws of the California Interscholastic Federation – San Diego Section (CIF Green Book)

Some requirements are:

1. If an athlete attains his/her 19th birthday prior to June 15th of the current year, shall not be allowed to participate or practice on any CIF team.

2. If an athlete is in his/her fifth year of high school, he/she cannot participate in interscholastic athletics. A student who enters the ninth grade of any school following the student’s completion of the eighth grade in any school may be eligible for athletic competition during a maximum period of time that is not to exceed eight consecutive semesters following the initial enrollment in the ninth grade of any school. Said eligibility must be used during the student’s first eight consecutive semesters of enrollment at that school or any other school.

3. The students’ attendance area is the one in which his/her parent(s) or legal guardian(s) reside full time. The attendance area originally established when the student enters Poway Unified School District school remains the student’s attendance area as long as one or both parents or legal guardians reside in that attendance area.

4. Students will be considered for attendance in high schools other than their school of residence on a space available basis. Any student who attends a high school other than the school of the students’ attendance area, for whatever reason, shall be ineligible for athletics for one calendar year from the date of enrollment.

5. Student Athletes must pass the majority of their classes for each grading period. (Incompletes are counted as F’s until they are changed to a letter grade. Passing means “D” grades and better).

6. An athlete cannot compete on any “outside” team in that sport from the date of the first scrimmage until the season is over.

7. With the exception of swim and gymnastics, who may continue to compete unattached and practice with their teams.
8. Participation in school athletics takes precedence over all other outside athletic activities. This includes club teams.

9. An athlete cannot be a member, a pledge, or attend meetings of a secret fraternity or club and still be eligible for a Mt Carmel team.

10. An athlete cannot try out for a professional or collegiate team from September 15 to June 25 each year.

11. Seniors must participate at the varsity level.

12. Transfer Students: must have written approval from the CIF San Diego Section. Transfer paperwork is available from the Mt Carmel Athletic Director.

13. Foreign students must be in a CIF approved exchange program and have written approval from the CIF San Diego Section. Foreign Exchange paperwork is available from the Mt. Carmel Athletic Director.

MT. CARMEL HIGH SCHOOL RULES OF ELIGIBILITY

1. Athletes must obtain a “Ticket to Play” from the Athletics Office. To obtain a copy of the Athletic Handbook and the “Ticket to Play” packet, which contains all required forms, go to http://www.powayusd.com/PUSD/MCHS/Athletics. Once all the forms are completed turn into the Athletic Office which is located in the Administration Building.

2. The Ticket to Play Packet is to be completed before trying out for the team. Athletes will not be issued any equipment nor will they be permitted to practice until this packet is complete and returned.

If a student does not have insurance, School Accident Insurance may be purchased to meet this requirement.

MCHS/PUSD--RESIDENTIAL ELIGIBILITY

Always check with the athletic office when changing schools to determine athletic eligibility.

MCHS/PUSD--Scholastic Requirements:

1. All incoming freshman ending 8th grade under a 2.0 will be placed on probation per CIFSDS.

2. During each grading period, students must attain a 2.0 grade point average in all enrolled courses on a 4.0 scale.

3. Student Athletes must pass a majority of classes taken in each trimester.

4. For the purpose of determining grade point average, all incompletes shall be computed as F’s until the incomplete is changed to a letter grade. At that point, grade point average will be recalculated using the grade(s) earned.

5. Accounting for eligibility will be the day after school wide distribution of grades. The grades that will be counted for eligibility are six week grades and trimester grades.

6. If students do not attain a 2.0 grade point average in the previous grading period, they will be placed on probation for the following grading period. Student athletes are only allowed one probationary period during their 9th grade and one additional probationary period during their combined 10th, 11th, 12th grades.

7. If students do not bring their grades up to a 2.0 grade point average at the end of the probationary period, they will be ineligible to participate for the following grading period. Summer school grades may be computed to improve grades given in the spring trimester.

8. Student-athletes must enroll in 4 classes per trimester and seniors no less than 3 classes the last trimester of their senior year.
9. Progress toward Graduation: At the high school level, normal progress toward graduation will be defined as follows: The student has earned 15 credits the previous term or has earned an average of 15 credits for each term enrolled.

**MCHS--VACATION POLICY**

Vacations by athletic team members during a sport season are discouraged. Parents/athletes wishing to do so may wish to reassess their commitment to being an athlete. In the event an absence due to a vacation is unavoidable, an athlete must:
1. Contact the head coach prior to the vacation
2. Be willing to assume the responsibilities and consequences of missing practice. Consequences will be at the discretion of the head coach. Vacation policy will be reviewed by the head coach at the beginning of each season.

**MCHS--MISSING PRACTICE**

Mt. Carmel athletic teams will usually practice every day, Monday thru Friday (Some team will also hold Saturday practices). An athlete should always consult his/her coach before missing practice and leaving campus. Missing practice or a game without good reason will be dealt with by the coach. Illness or a family emergency would be good reason for missing a practice or game. Athletes who are absent from school all day will not be allowed to practice after school.

**MCHS--RELEASE FROM CLASS**

It is the responsibility of athletes to see their teachers before they are absent because of an athletic contest. Do not leave class prior to your release time. Be a credit to your team in the classroom.

**MCHS--EQUIPMENT AND UNIFORMS**

1. When players lose uniforms or equipment, they may not take part in any other sport until it is found and returned or paid for in full.
2. Athletes are financially responsible and assume liability for all equipment checked out to them.
3. No athlete will be cleared from school until he/she is clear on equipment.
4. No athlete will receive credit on items turned in if they are not the items which had been checked out to him/her.
5. No athlete will receive any awards, trophies or letters until he/she is clear in all areas
6. No athlete who is a senior will receive a diploma until clearance has been established.
7. Athletes will not share their team locker unless assigned to do so.
8. All gear will be turned in after the last contest. If you quit or are released from a team you must turn in your equipment immediately.
9. Uniforms are not be worn around school or after school unless for game purposes to communicate team unity.
10. Athletes assume liability for use of own athletic equipment.
11. Only uniforms issued by the Athletic Department will be permitted to be worn for contests, unless a waiver form is completed by student, parent, athletic trainer and coaches.

**MCHS--CONTEST TRANSPORTATION**

1. All athletes will travel to away contests by way of PUSD authorized vehicles only, unless transportation is not provided. In that case, the athlete will be responsible for their own transportation to and from the event.
2. If for some special reason an athlete’s parents or guardian wish to take the athlete home after a contest, the parents must request permission in writing from the athletic director 24 hours in advance. The parent must meet the athlete in person after the contest. Private cars may not be used without expressed permission of the athletic director. Alternative Transportation forms are available on our website. Please download the form, get the required signatures and returned to the athletic director’s office 24 hours prior to the event.

3. Under certain circumstances an athlete with a valid driver’s license, with the approval of the coach, Athletic Director, and with written parental consent prior to the event in time for Athletic Director to verify with parents may drive his/her own vehicle to the contest.

4. **UNDER NO CIRCUMSTANCES MAY STUDENTS TRANSPORT OTHER STUDENTS.**

5. Good behavior on the bus is expected. As a member of a team representing Mt. Carmel High School you are entrusted with the pride and reputation of the school. It is your responsibility to make that reputation a good one.

**MCHS—SCHOOL COLORS**

Mt. Carmel athletic school colors are Scarlet and Gold with White as a neutral accent color. All athletic school uniforms, warm-ups, and spirit packs are to be variations of these colors. These colors were decided upon by the high school student body and no individual team has the right to change them. Each sport coach (head coaches and assistants) and the Athletic Director of Mt. Carmel have the responsibility of making sure that athletic teams wear school colors.

**MCHS—DROPPING OR TRANSFERRING SPORTS**

On occasion, an in-season athlete may find it necessary to drop a sport for a reason. If this is the case, the following procedure must be followed:

1. Talk with your immediate school coach and then the head coach.
2. Report your situation to the Athletic Director.
3. Check in all equipment issued to you.

**MCHS—AWARDS**

**Letters and Certificate Awards**

1. All letter awards in athletics should be earned. Letter awards can only be earned by participating on a varsity team. Coaches determine minimum standards and requirements for lettering. Coaches will inform their athletes of their lettering standards at the beginning of their season at sport.
2. Letter and pin will be awarded to each athlete the first year he/she Letters. Each subsequent year that the athlete letters he/she will receive a bar and certificate.
3. There shall be a certificate awarded to any athlete for participating on a freshman or a junior varsity team, not a letter.

**MCHS—QUITTING, LOSS OF ELIGIBILITY AND ATHLETIC AWARDS**

Any athlete who loses his/her eligibility because of grades forfeits all rights to letters and awards that he/she may have otherwise been entitled to receive.

**EXCEPTION** -- That athlete who has completed Palomar league play and who has already met the minimum requirements for lettering in that sport prior to CIF play, SHALL retain his/her the letter, but will not be able to receive any other type of award (M.V.P., etc.).

**QUITING**--Athletes who quit their teams or are removed from the team by the coach at any time during the season will forfeit any awards they would have received (i.e., Letters, pins, etc.).
MCHS--CONFLICTS IN EXTRACURRICULAR ACTIVITIES

The following policy pertains to events scheduled by Mt. Carmel High School teams, (not outside school team participation.) An individual student who attempts to participate in too many extracurricular activities on the Mt. Carmel campus will, undoubtedly, be in a position of conflict of obligations. Students have a responsibility to do everything they can to avoid conflicts. This would include being cautious about belonging to too many activities where conflicts are bound to happen. It is also means notifying the faculty members involved immediately when a conflict does arise. When conflicts do arise the faculty will get together and work out a solution so that a student does not feel in the middle. If a solution cannot be found, then the athletic director will have to make the decision based on the following:
1. The relative importance of each event.
2. The importance of each event to the student.
3. The relative contribution the student can make.
4. How long each event has been scheduled.
5. Talk with parents. If conflicts are reoccurring and a student cannot fulfill the obligation of a school activity, they should consider withdrawing from the activity.

MCHS--SQUAD SELECTION

In accordance with our philosophy of athletics, it is our desire to see as many students as possible participate in the athletic program while at Mt. Carmel High School. We encourage coaches to keep as many students as they can without unbalancing the integrity of their sport. Time, space, facilities, equipment, personal preference, and other factors place limitations on the most effective squad size for some sports, therefore cuts are a possibility.

MCHS--CONFLICTS WITH OUTSIDE TEAMS/SPORTS

Participation in school athletics takes precedence over all other outside athletic activities. If conflict occurs, the MC athletic event will come first. Mt. Carmel athletes need to make sure that their participation in outside teams/sports in no way negatively affects the team they are participating on or they may be asked to leave that team.

MCHS--REMOVAL FROM TEAM

An athlete that is removed from a team/sport in season due to disciplinary reasons will not be allowed to participate or practice in another Mt. Carmel sport, unless given prior permission by the Athletic Director.

FUND-RAISING

Every athletic team at Mt. Carmel needs to fundraise. The coaches of the various athletic teams as well as the Mt. Carmel Athletic Foundation (the non-profit organization that supports MC athletics) are fundraising, to support your son/daughter with the best equipment that we can. We hope that you support the teams, coaches and the foundation in these endeavors. Please be aware that when an athletes checks out fundraising materials (candy bars, calendars, Sundevil cards, etc.) he/she will be held responsible for those items. If at the end of the fundraiser, the athlete does not return the checked out items, they will be held accountable to pay for them.
IV. Training Rules and Athletic Discipline

Rules of Conduct – (Rules apply 24/7 for in-season athletes)

Athletes are governed by District Policy, CIF Regulations, school rules, and the school Requirements for Extra and Co-Curricular Activities. Student/athletes need to be aware of the following:

1. Possessing, using, having consumed, or being under the influence of alcohol, narcotics, dangerous drugs, other controlled substances, or intoxicants of any kind, including anabolic steroids at a school function will result in application of District Sanctions (see Discipline Section.)

2. Outside of school activities, these are prohibited acts that will be grounds for immediate dismissal from participation for the remainder of the season (fall, winter, spring) or a minimum of four weeks, which will carry over into the next season or sport.

3. Possessing, using, having consumed, or being under the influence of alcohol, narcotics, dangerous drugs, other controlled substances, or intoxicants of any kind, including anabolic steroids.

4. Offering, arranging, or negotiating to sell any drug paraphernalia as defined in Section 11014.5 of the Health and Safety Code.

5. Transferring, selling, distributing, offering, arranging, or negotiating to sell, or possessing quantities sufficient to suggest the intent to purvey, give, or sell to other students substances which are, or purported to be, alcohol, narcotics, dangerous drugs, other controlled substances, or intoxicants of any kind. In addition, the athlete will remain on probation for one calendar year from the date of the offense. An additional incident involving alcohol or drugs, including anabolic steroids, within that year of probation, will result in a full year suspension.

6. Any use of tobacco in any form during the season will result in a five day suspension from athletics. The five days will carry over into the next season of a sport if the incident occurs at the end of a season. A second offense will result in a one month suspension.

7. Athletes who are absent from school all day will not be allowed to practice after school. An athlete must attend at least 4 hours of class on the day of a contest. An exception may be granted if the principal or the athletic director is informed prior to the absence. Prior notice is required for exceptions.

8. An athlete must attend at least four hours of class on the day of a contest. An exception may be granted if the principal or the athletic director is informed prior to the absence and it is considered legitimate. Prior notice is required for exceptions.

9. Mt. Carmel High School also requires that its students involved in athletic activities conduct themselves appropriately at all times while in public. Any public behavior at any time during a season of sport that is in conflict with District or school policies or codes of law enforcement is subject to team participation sanctions. These sanctions may range from a short term suspension to removal from a team.

10. Athletes assigned to detention will serve the same duration as any student.

11. Athletes will not be allowed to compete or practice on days in which they have been home suspended.

12. An athlete will not be allowed to participate on another team during the same season if he/she quits a team without permission from the head coach and the Athletic Director.

13. Multiple Sports athletes may compete in more than one sport in the same season, i.e. baseball, track, but only with the consent of both coaches.

14. Coaches are responsible for ensuring that all athletes have received a copy of the Athletic Handbook prior to participating in any practice or competition. The Athletic Handbook is to be distributed to each athlete on an annual basis.

15. Students wishing to appeal disciplinary decisions should contact the administrator in charge of athletics for information on specific procedures.
V. CIF - Ethics in Sports

Policy Statement
The California Interscholastic Federation- San Diego Section (CIF- SDS) is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests played under its sanction.

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.

Behavior by all involved at all times should manifest the highest standards of conduct.

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

Coaches are expected to assume responsibility to teach and demand high standards of conduct of their athletes both on the field of play and in everyday life.

It will be the school Principal who assumes responsibility for enforcement of the rules and regulations and to demand high standards of conduct from coaches, athletes, parents, and spectators. The CIF-SDS Board of Managers requires that the following Code of Ethics be issued and signed by each student athlete, coach, and officials’ association as a guide to govern their behavior. Penalties for failure to sign a copy of this policy are as follows:

- Athlete – Ineligibility for CIF- San Diego Section Athletics
- Coach – Restricted from coaching in CIF- San Diego Section contests.
- Officials Associations – Not approved to officiate in the CIF-San Diego Section- Officials Associations – Not approved to officiate in the CIF-San Diego Section

VI. Poway Unified School District Hazing Policy

Policy Statement
Hazing in any form, including initiation, which is degrading is strictly forbidden by California State Law. No student shall conspire to engage in hazing, participate in hazing or commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student or other person. Persons violating this policy shall be subject to District discipline, misdemeanor penalties and forfeiture of entitlements.

VIII. CIF Code of Ethics for Student Athlete, Coach, and Contest Official

1. Be courteous at all times (with school officials, opponents, game officials and fans).
2. Exercise self-control.
3. Be familiar with all rules of the contest.
4. Show respect to players, officials and other coaches.
5. Refrain from the use of foul and abusive language.
6. Respect the integrity and judgment of game officials.
7. Refrain from the use of illegal and nonprescription drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States and Drug Administration, Surgeon General of the United States or the American Food Medical Association.
8. Win with character, and lose with dignity.
In order to try out for any sports your *Ticket-To-Play* forms need to be complete. The website will list dates and tryout times for individual sports. If your physical will expire during your season of sport, you will not be clear to try out at the beginning of the season. The physical must be good through the end of the season of sport, which you are participating.

- If you do not have a completed packet turned in, you will not be able to try-out.
- Under state law, all students trying out for a sport must have medical insurance.
- Fall Sports deadline to turn in the completed packet is June 1, 2019
- Winter Sports deadline to turn in the completed packet is November 1, 2019
- Spring Sports deadline to turn in the completed packet is February 1, 2020

*The Poway Unified School District (PUSD) is an equal opportunity employer/program and is committed to an active Nondiscrimination Program. PUSD prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived race, color, ancestry, national origin, nationality, immigration status, ethnicity, ethnic group identification, age, religion, marital or parental status, physical or mental ability, sex, sexual orientation, gender, gender identity, or gender expression or association with a person or a group with one or more of these actual or perceived characteristics. For more information, please contact: Title IX/Equity Compliance Officer, James Jimenez, Associate Superintendent, Poway Unified School District, 15250 Avenue of Science, San Diego, CA 92128, 858-521-2800, extension 2761, jjimenez@powayusd.com*
POWAY UNIFIED SCHOOL DISTRICT
ATHLETIC SCREENING HISTORY & PHYSICAL EXAM

□ Del Norte HS □ Mt. Carmel HS □ Poway HS □ Rancho Bernardo HS □ Westview HS

Student Name: Student ID#: Date of Birth:
Sport(s): □ Male □ Female Grade:
Address: City/Zip: Graduating Year:
Parent Name/Cell #: Home Phone:

EXPLANATION OF SCREENING PHYSICAL

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son or daughter's dynamic ability to participate in a given sport so that obvious conditions which might be damaged or aggravated by competitive sports can be found, evaluated and treated so as to prevent further injury. This examination does not guarantee against injury. Parent Initials Student/Athlete Initials

AWARENESS OF RISK

STUDENT AND PARENT: I am aware that playing/practicing sports can be a dangerous activity involving many risks of injury. I understand that the risks of participation include, but are not limited to, death, serious neck and spinal cord injuries that may result in complete or partial paralysis, brain damage, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the risks of participation may result not only in serious injury, but in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. Because of the dangers of participating in sports, I recognize the importance of following coach instructions regarding playing techniques, training, equipment and other team rules, etc. Both in competition and practice and agree to obey such instructions.

PERMISSION FOR TREATMENT

I hereby grant permission to the team physicians and those professional personnel designated by Poway Unified School District to treat my son or daughter in the event of any injury. In the event of a serious injury, if I am unable to give my consent at that time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first aid. Parent Initials Student/Athlete Initials

PROOF OF INSURANCE

In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least $5,000 for my son or daughter, and that this coverage will remain in effect throughout the time that he or she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervised school transportation.

NAME of Insurance Carrier Policy/Group #: Parent Initials Student/Athlete Initials

MEDIA/TRANSSCRIPTS RELEASES

I understand that my name, picture, and/or GPA may be released to the media and transcripts to colleges. Parent Initials Student/Athlete Initials

REFER TO ATHLETIC HANDBOOK FOR THIS SECTION LOCATED ON SCHOOL WEBSITE UNDER ATHLETICS

ATHLETIC HANDBOOK

I have reviewed and agree to abide by the guidelines/policies in the Athletic Handbook which is posted on school website. By signing below, I acknowledge that it is my responsibility to read and understand these rules and discuss them with my parent/guardian/athlete. Parent Initials Student/Athlete Initials

CIF CONCUSSION INFORMATION

I agree that the safety of the athlete always comes first. I have read the CIF Concussion information sheet and am familiar with the signs and symptoms of a concussion. I understand and support the decision that any athlete suspected of suffering a serious head injury may be removed from a game or practice immediately and will not be allowed to return to activity until medically cleared. Parent Initials Student/Athlete Initials

ATHLETIC POLICY AGAINST HAZING

Poway Unified School District strives to maintain a healthy athletic program in which students feel safe, welcome and proud of the school and the athletic programs that they represent. I understand that haz ing of any kind is not allowed on this campus and in the athletic program. This includes mental, verbal and physical acts. I further understand that it is my duty to report any acts of haz ing that I see to a coach or administrator on campus. By signing below, I agree to uphold this District policy and understand that any violation will result in my immediate suspension from athletics and further disciplinary action as outlined in District policy and procedures. Parent Initials Student/Athlete Initials

ETHICS IN SPORTS POLICY

I read and accept and understand the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory with Honor, and the Violations, Minimum Penalties, and Appeal Process of the CIF - San Diego Section ETHICS IN SPORTS Policy. I agree to abide by this policy while participating and/or spectating at CIF/SDS athletic events regardless of contest site or jurisdiction. Parent Initials Student/Athlete Initials

SUDDEN CARDIAC ARREST

I agree that the safety of the athletes always come first. I have read the Sudden Cardiac Arrest information sheet and am familiar with the signs and symptoms of SCA. I understand and support the decision that any athlete suspected of suffering sudden cardiac arrest may be removed from a game or practice immediately and will not be allowed to return to activity until medically cleared. Parent Initials Student/Athlete Initials

I have read all of the above statements/documents & understand them fully. We agree to their contents. Both parents/guardians must sign below.

Print Student/Athlete Name Print Parent/Guardian Name Print Parent/Guardian Name

X__ X__ X__

Student/Athlete Signature Parent/Guardian Signature Parent/Guardian Signature
CIF-SAN DIEGO SECTION
RESIDENCE & ELIGIBILITY VERIFICATION
Athletic/Extracurricular Participation
** To be completed by individual with whom student resides **

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Sport(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>DOB:</td>
<td>Parent Cell #:</td>
</tr>
<tr>
<td>Home Phone #:</td>
<td>Age:</td>
<td>Parent Cell #:</td>
</tr>
</tbody>
</table>

1. I am the one with whom this student-athlete resides: (check one box)
   - Parent
   - Legal Guardian
   - Relative
   - Caretaker
   - Foster Parent
   - Emancipated Minor

2. I AFFIRM THAT THIS STUDENT RESIDES AT THE FOLLOWING ADDRESS:

   Street Address
   City/State/Zip
   Telephone

   PARENTS' ADDRESS (if different than listed in #2)

   Mother's Street Address
   City/State/Zip
   Father's Street Address
   City/State/Zip

3. Student Status: (check one box)
   - Continuing Student
   - Incoming 9th Grader
   - New Resident
   - Administrative Placement
   - Intra-District Transfer
   - Inter-District Transfer

4. ALL School(s) Attended Last Year

   Name of School
   Address
   City/State/Zip
   Sports(s) Played

   Name of School
   Address
   City/State/Zip
   Sports(s) Played

5. I understand that this street address is within the High School boundaries and/or I have followed the District transfer procedures.
   I also understand that falsifying this information will cause team forfeiture and immediate ineligibility.

   ____________________________
   Print Name of Person Checked on Line 1

   X ____________________________  X ____________________________
   Signature of Person with Whom Student/Athlete        Date        Student/Athlete Signature        Date

THIS SECTION IS TO BE COMPLETED BY ALL NEW STUDENTS, INCOMING 9TH GRADERS AND ALL TRANSFER STUDENTS

State CIF Bylaws require that all information provided in regard to any aspect of student eligibility to participate in athletics must be true, correct, accurate, and complete. State CIF Bylaws also require that parents, students, coaches and schools must disclose any pre-enrollment contact of any kind whatsoever with the parent or student during the 24 months prior to enrollment in the school.

I understand that it is my responsibility to see the Athletic Director to receive the CIF San Diego Section Transfer Student Eligibility forms prior to athletic participation. Check one:

- □ There has been no pre-enrollment contact of any kind whatsoever during the previous 24 months with anyone at or associated with the school or its athletic programs.
- □ There has been pre-enrollment contact during the previous 24 months with individuals at or associated with the school and its athletic programs by: (check all that apply) □ Clubs □ Camps □ 8th Grade Parent Night □ Conversation with High School Coach.

A true, correct, and complete disclosure of that contact is written on the back or attached to this form.
# Pre-Participation Physical Evaluation

## Medical History

(This form is to be completed by the patient and parent prior to seeing the physician. Submit original to school Athletics Office. Physician should retain a copy.)

- [ ] Mt. Carmel HS
- [ ] Del Norte HS
- [ ] Poway HS
- [ ] Rancho Bernardo HS
- [ ] Westview HS

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID #:</th>
<th>[ ] Male</th>
<th>[ ] Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport(s):</td>
<td>Date of Birth:</td>
<td>Grade:</td>
<td>Age:</td>
</tr>
</tbody>
</table>

**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 allergy:

- [ ] Asthma
- [ ] Anemia
- [ ] Diabetes
- [ ] Infections
- [ ] Other:

**Medications**

- [ ] Yes
- [ ] No

**Poisons**

- [ ] Yes
- [ ] No

**Food**

- [ ] Yes
- [ ] No

**Stinging Insects**

- [ ] Yes
- [ ] No

---

**General Questions**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
</tr>
<tr>
<td>2. Do you have any ongoing medical conditions? If so please identify:</td>
<td></td>
</tr>
<tr>
<td>- Asthma</td>
<td></td>
</tr>
<tr>
<td>- Anemia</td>
<td></td>
</tr>
<tr>
<td>- Diabetes</td>
<td></td>
</tr>
<tr>
<td>- Infections</td>
<td></td>
</tr>
<tr>
<td>- Other:</td>
<td></td>
</tr>
<tr>
<td>3. Have you ever spent the night in the hospital?</td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had surgery?</td>
<td></td>
</tr>
<tr>
<td>5. Do you have any physical or mental impairment which may affect your participation in athletics or may require accommodations?</td>
<td></td>
</tr>
</tbody>
</table>

**Heart Health Questions About You**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Have you ever passed out or nearly passed out DURING or AFTER exercise?</td>
<td></td>
</tr>
<tr>
<td>7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>8. Does your heart ever race or skip beats (irregular beats) during exercise?</td>
<td></td>
</tr>
<tr>
<td>9. Has a doctor ever told you that you have any heart problems? If so, check all that apply:</td>
<td></td>
</tr>
<tr>
<td>- High blood pressure</td>
<td></td>
</tr>
<tr>
<td>- High cholesterol</td>
<td></td>
</tr>
<tr>
<td>- Kawasaki disease</td>
<td></td>
</tr>
<tr>
<td>- A heart murmur</td>
<td></td>
</tr>
<tr>
<td>- A heart infection</td>
<td></td>
</tr>
<tr>
<td>- Other:</td>
<td></td>
</tr>
<tr>
<td>10. Has a doctor ever ordered a test for your heart? ECG/EKG, echocardiogram?</td>
<td></td>
</tr>
<tr>
<td>11. Do you get lightheaded or feel short or breath during exercise?</td>
<td></td>
</tr>
<tr>
<td>12. Have you ever had an unexplained seizure?</td>
<td></td>
</tr>
<tr>
<td>13. Do you get more tired or short of breath more quickly than your friends during exercise?</td>
<td></td>
</tr>
</tbody>
</table>

**Heart Health Questions About Your Family**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. 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)?</td>
<td></td>
</tr>
<tr>
<td>15. 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?</td>
<td></td>
</tr>
<tr>
<td>16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
<td></td>
</tr>
<tr>
<td>17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
</tr>
</tbody>
</table>

**Bone and Joint Questions**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?</td>
<td></td>
</tr>
<tr>
<td>19. Have you ever broken or fractured a bone or dislocated a joint?</td>
<td></td>
</tr>
<tr>
<td>20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or narcotics?</td>
<td></td>
</tr>
<tr>
<td>21. Have you ever had a stress fracture?</td>
<td></td>
</tr>
<tr>
<td>22. 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)</td>
<td></td>
</tr>
<tr>
<td>23. Do you regularly use a brace, orthotic, or other assistive device?</td>
<td></td>
</tr>
<tr>
<td>24. Do you have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
</tr>
<tr>
<td>25. Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
</tr>
<tr>
<td>26. Do you have any history of juvenile arthritis or connective tissue disease?</td>
<td></td>
</tr>
<tr>
<td>27. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>28. Have you ever used an inhaler or taken asthma medicine?</td>
<td></td>
</tr>
<tr>
<td>29. Is there anyone in your family who has asthma?</td>
<td></td>
</tr>
</tbody>
</table>

---

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

- [ ] [ ]

**Student/Athlete Signature**

<table>
<thead>
<tr>
<th>Date</th>
<th>[ ] Parent/Guardian Signature</th>
</tr>
</thead>
</table>

(Attachment if necessary)
# Pre-Participation Physical Evaluation

## Physical Examination Form

(This form is to be completed by the physician. Submit original to school Athletics Office. Physician should retain a copy.)

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

### Examination

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>BP</th>
<th>Pulse</th>
<th>Vision: R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
</tr>
</thead>
</table>

### Medical

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest X-ray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthroscopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arm span &gt; height, hyper</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/Ears/Nose/Throat</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph Nodes</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Heart</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genitourinary (males only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSV, lesions suggestive of MRSA, lines corpora</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Musculoskeletal

<table>
<thead>
<tr>
<th>Neck</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Back</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shoulder/arm</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbow/Forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/Hand/Fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/Thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg/Antle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/Toes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duck-walk, single leg hop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- CLEARED for all sports WITHOUT restrictions.
- 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: _____________________________________________

(Student’s name) _____________________________________________ was examined by me on (date) ___________ for a pre-participation physical examination. The athlete does not present any apparent clinical contraindications to practice and participate in the sports 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 parent. 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.

Print Physician’s Name: ______________________ Phone Number: ______________________

Physician’s Signature: ________________________________________

Physician’s Office Stamp HERE →
CONFIDENTIAL

POWAY UNIFIED SCHOOL DISTRICT
MEDICAL INFORMATION RELEASE FORM FOR CO-CURRICULAR ACTIVITY

This form is provided to the coach and will be taken with the team wherever they travel. Please fill it out completely and be specific. The form gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the student at the parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization. An authorization with a physician’s signature must be attached if the athlete takes any prescription medication.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Sport(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name:</td>
<td>Graduating Year:</td>
</tr>
<tr>
<td>Address:</td>
<td>City/ZIP</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Mother Cell:</td>
</tr>
<tr>
<td></td>
<td>Father Cell:</td>
</tr>
</tbody>
</table>

IN CASE OF EMERGENCY, A REPRESENTATIVE OF THE PUSD ATHLETIC DEPARTMENT HAS THE AUTHORITY TO SECURE MEDICAL OR SURGICAL TREATMENT AND TRANSPORT AS NECESSARY. EVERY ATTEMPT WILL BE MADE TO CONTACT THE EMERGENCY PERSONS LISTED BELOW.

<table>
<thead>
<tr>
<th>Family Doctor:</th>
<th>Dr. Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Person to Contact:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td></td>
</tr>
<tr>
<td>Emergency Person to Contact:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td></td>
</tr>
</tbody>
</table>

List all information helpful to a physician in case of emergency including information which school staff and chaperones need to be aware of regarding the student’s safety. Updated information shall be provided by the parent/guardian.

<table>
<thead>
<tr>
<th>MEDICAL PROBLEMS:</th>
<th>(diabetes, asthma, seizures)</th>
<th>TREATMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGIES:</td>
<td>(food, bee stings, medication)</td>
<td>TREATMENT:</td>
</tr>
</tbody>
</table>

SCHOOL RULES ARE IN EFFECT FOR ALL SCHOOL SPONSORED ACTIVITIES

MEDICATION: Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating desire that the District assist the student as set forth by the physician. If prescription or non-prescription medication is necessary, an AUTHORIZATION FOR MEDICATION ADMINISTRATION must be attached. I understand that staff/chaperones may assist my student in taking the medication(s) as directed by my physician. I will provide the medicine(s) in the prescription container(s) labeled with the name of my student, the prescribing physician’s name, and the time and dosage of medication prescribed. I agree to hold harmless and indemnify the Poway Unified School District, its officers, employees, agents or chaperones from and against any and all liability, loss, expense or claims for illness, injury or damage any student may incur from medication assistance.

I UNDERSTAND THAT BY SIGNING THIS FORM:

1. I give permission for my son or daughter to participate in Poway Unified School District athletics.
2. I give permission for staff/chaperones to provide first aid care and secure emergency care at my expense if needed.
3. I release the Poway Unified School District, its officers, employees, agents and its chaperones from any and all liability, loss, expense or claim for illness, injury or damages that may arise from participation in the athletics program or any associated activity. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.
4. I am aware that injuries may occur to the athlete while participating in interscholastic athletics. I have been advised of this danger.

______________________________    ________________________________
Name of Insurance Company    Insurance Policy/Group Number

X_______________________________    X_______________________________
Parent/Guardian Signature    Date    Parent/Guardian Signature    Date

BOTH PARENTS/GUARDIANS MUST SIGN ABOVE