ROWLAND HIGH SCHOOL ATHLETIC CLEARANCE FORM

All lines must be filled out completely

PLEASE RETURN THIS FORM TO YOUR COACH

STUDENT' LAST NAME_____ FIRST NAME_____

ADDRESS_____

CITY _____ ZIP CODE_____

PHONE (____) _____ DATE OF BIRTH_____ AGE_____ GRADE____

SPORT (S) _____ STUDENT#_____

I hereby give permission for my son/daughter to participate in athletic activities.

PARENT SIGNATURE _____ **DATE** _____

PHYSICAL EXAMINATION-INSURANCE

I find this boy/girl physically able to participate in athletics.

DOCTOR'S SIGNATURE _____

DATE OF PHYSICAL _____ **DOCTOR'S STAMP**

State law and C.I.F. by-laws require that, in order to be eligible to participate in any Athletic activity, the student must be insured as per the following guidelines:

1. At least $1,500 insurance protection for medical and hospital expenses in case of accident or injury.
2. The principal and ASB director be notified immediately in case of cancellation.

NAME OF COMPANY _____ **POLICY#**_____

I certify that my son/daughter is covered by valid insurance that meets or exceeds the above requirements to compete in sports/activities. I will maintain this coverage during the current school year or will immediately notify the school is the coverage is terminated.

PARENT SIGNATURE_____ **DATE**_____

ATHLETIC DEPARTMENT EMERGENCY CARD

FATHER _____DAYTIME PHONE #_____

CELL PHONE # _____ EVENING PHONE#_____

MOTHER_____DAYTIME PHONE #_____

CELL PHONE #_____ EVENING PHONE #_____

DOCTOR_____PHONE #_____

In event that my son/daughter requires emergency attention, I hereby authorize the supervising school official or the doctor in attendance to obtain or render any necessary aid. YES NO

_____ _____ _____

PARENT SIGNATURE DIRECTOR'S SIGNATURE DATE

JOHN A. ROWLAND HIGH SCHOOL
ATHLETIC ELIGIBILITY APPLICATION

Falsification of any portion of this document may result in forfeiture of individual and team eligibility and loss of record. All items must be completed before the application will be accepted for consideration. You must use your given name.

NAME _____ DATE _____
Last First Middle

ADDRESS_____ CITY _____

GRADE _____

	School (s) Attended	Sport (s) Level Played	Year
9th Grade	_____	_____	_____
10th Grade	_____	_____	_____
11th Grade	_____	_____	_____
12th Grade	_____	_____	_____

I reside with:

Both Parents ____ My Mother ____ My Father____ A relative____ A Friend____
Other_____ Myself (age 18) ___ a court appointed guardian ____

My residence is with in this school's attending boundaries: YES_____ NO _____

If no, please explain _____

Student Signature _____ Date _____

Parent Signature_____ Date_____

This form must be completed and returned before an athlete will be permitted to try out or participate in any practice or in any interscholastic athletic event.

CIF Southern Section

Academic * Integrity * Athletics

10932 Pine Street
Los Alamitos, California 90720
(562) 493-9500 · Fax (562) 493-6266

ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total education program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.
12. Not be involved in any form of **hazing.**

Parent's Signature **Date**

Athlete's Signature **School** **Date**

Athlete's Name Printed

A copy of this form must be kept on file in the Athletic Director's Office at the local high school on an annual basis and the principal's Statement of Compliance must be on file at the CIF Southern Section Office.

Revised 7/01

ROWLAND HIGH SCHOOL
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

> "A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day."
>
> **and**
>
> "A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/ConcussionInYouthSports/

Student-athlete Name Printed	Student-athlete Signature	Date
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

ROWLAND HIGH SCHOOL

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

NOTICE OF FIELD TRIP OR CO-CURRICULAR ACTIVITY
ACCIDENT WAIVER AND RELEASE OF LIABILITY
AUTHORIZATION FOR MEDICAL TREATMENT

STUDENT'S NAME _____ SCHOOL _____

Dear Parent/Guardian:

Your child is eligible to participate in a Rowland Unified School District (Rowland USD) sponsored activity requiring transportation to a location away from the school. This activity will take place under the guidance and supervision of employees of the District. Please read this form, sign it, and return it to your child's teacher.

Description of Activity: Athletic contest for season of sport Destination: various locations

Date/Time of Departure: / / Time: _____ Aproximate Date/Time of Return: / / Time: _____

Instructor in charge: Coach of season of sport Lunch Needed: ◯ Yes ◯ No

Method of transportation: ◯ School District ◯ Private Vehicle ◯ Charter Bus ◯ SPAB BUS ◯ Other - Specify _____

Note: Under provisions of California Insurance Code, financial responsibility rests with the owner of the vehicle.

ACCIDENT WAVIER AND RELEASE OF LIABILITY

Any activity may involve certain risks and danger. Participation in this activity may involve risk of property damage, bodily injury, personal injury, including death, of the participant. As stated in California Education Code, Section 35330, I understand that, in consideration of the Rowland USD allowing my student to participate in the field trip, by signing this form, I hereby release, waive, discharge, and covenant not to sue the Rowland USD, its officers, agents, employees, and volunteers from any and all liability or claims of my son/daughter, his or her personal representatives, assigns, heirs, and next of kin which may arise out of, or in connection with, my child's participation in this activity. I fully understand that any violation of the rules and regulations governing conduct during the trip may result in my child being sent home at my expense.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of emergency illness or injury, I do hereby consent to whatever X-ray, examination, anesthesia, medical, surgical, dental treatment or hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist as he or she shall think the existing emergency requires for the relief of pain and/or the preservation of life and/or health and well being. Any costs incurred in this connection not covered by the undersigned's insurance shall be paid by the undersigned.

☐ **Check here if there are no special problems the staff should be aware of and no drugs are required on the trip.**
☐ **Check here if child has special medical conditions, or if medicine is to be taken by the student.**

List all medical conditions or allergies: _____

Name of Prescription Drug(s): _____

Reason for taking: _____

Dosage: _____

All drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by District staff.

FAMILY MEDICAL COVERAGE

Insurance Company: _____ Plan or Policy Number: _____

Name of Insured Party: _____ Insured's ID Number: _____

Personal Physician's Name: _____ Physician's Telephone Number: _____

Physician's Address: _____

I have read this notification, understand it, agree to abide by its terms, sign it voluntarily, and herby grant permission for my child to participate in this activity.

Signature of Parent/Guardian: _____ Date: _____

Phone Number: _____

Signature of Student, if applicable: _____ Student's Date of Birth: _____

00801

Revised: 04/23/2008 tip