

CONEJO VALLEY UNIFIED SCHOOL DISTRICT
1400 E. Janss Road
Thousand Oaks, CA 91362

ATHLETIC CLEARANCE (Insurance Requirement/Parent Authorization/Physician Certification)

Student – Last Name	First Name	M.I.	Grade	Date of Birth	Gender
Street Address:		City:	State:		Zip:
Parent(s) or Guardian(s) Name:			Home Phone:		
Street Address (if different than student):		City:	State:		Zip:
Emergency Phone:	Father's Work Phone:		Mother's Work Phone:		
Family Physician's Name, Address, Telephone:					
School Attended Last Fall:		School Attended Last Spring:		Student Number:	

CHECK THE SPORTS THIS AUTHORIZATION COVERS (Authorization expires June, _____)

- () Football () Volleyball () Baseball () Wrestling () Soccer () Track () Cheerleading
 () X-Country () Basketball () Softball () Swimming () Tennis () Golf () Water Polo

INSURANCE REQUIREMENT:

The Conejo Valley Unified School District, in accord with Education Code 32221, requires protection for medical and hospital expenses resulting from bodily injury for each member of an athletic team. The cost is to be paid by each participant. Minimum coverage requirement options as contained in the Education Code are shown below:

- (a) A group or individual plan with accidental benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and not less than 80% payable for each occurrence. (Note: retired military covers only 75 %.)
- (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1500.
- (c) At least \$1500 for all such medical and hospital expenses.

Student insurance designed to assist compliance with the Education Code requirements is available; forms are in the school office. If you have applied for student insurance, please indicate so below. If the student has other health or accident insurance which meets the minimum requirements above, please list the company name and policy number below.

Insurance Company Name and Address:	
Insured's Name:	Policy and/or Group Number:

PLEASE NOTE: MANY INSURANCE POLICIES EXCLUDE TACKLE FOOTBALL. PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.

I hereby grant permission for the above named student to play in the interscholastic sports programs of _____ High School, and to go with a representative of the school on any related trips, and release school officials from any liability connected therewith. In case this student is injured, school officials are AUTHORIZED to grant permission for emergency treatment in my absence under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis. Further, I agree to accept financial responsibility for such treatment rendered in my absence.

I hereby certify that the above-named student is covered by insurance that meets the minimum requirement of California law as outlined above. I agree to notify the school if any of the above coverage should change.

() Yes () No I hereby grant permission for my son/daughter's telephone number and address to be released to the official Boosters Club for any sport in which he/she participates.

_____ (Date) _____ (Signature)

PHYSICIAN'S CLEARANCE

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

_____ Physician's Name (Stamp or Print)	_____ Physician's Signature and Date of Physical
_____ Physician's Address (Stamp or Print)	_____ Physician's Telephone Number

NOTE: History and Consent Must be Completed Prior to Physical Examination

Please return all copies of this form to the Athletic Department

STUDENT NAME: _____
 (Last) (First) (M.I.)

GENDER: () Male () Female BIRTHDATE: _____

HEALTH HISTORY – TO BE COMPLETED BY PARENT/GUARDIAN

This section is to be carefully completed by the student and his/her parent(s) or legal guardians(s) before participation in interscholastic athletics in order to help detect possible risks.

MARK ONLY THOSE WHICH APPLY! Include date for conditions that are not current. Explain "Yes" answers below.

Allergy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	False Teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mononucleosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Glasses/Contacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rheumatic fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sinus problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy/Seizure Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Menstrual Cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migraine Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain "Yes" here: _____

List all surgeries, fractures, sprains, or dislocations below:

Nature of problem	Year	Nature of problem	Year

Reasons and dates for any prolonged absence(s) from school: _____

Substance(s) to which student is allergic: _____

Dates of most recent: Tetanus Booster _____ Chest x-ray _____ Smallpox vaccination _____

PHYSICAL EXAMINATION SUMMARY – TO BE COMPLETED BY PHYSICIAN

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Note any abnormalities:

- Eyes (sclera, corneas): _____
- Ears (canals, TMs): _____
- Nose (septum, mucosa): _____
- Throat (tonsils, teeth): _____
- Cardiovascular (pulses, murmurs): _____
- Respiratory: _____
- Abdomen (organs, masses): _____
- Genitalia (testes, hernia): _____
- Musculoskeletal: _____
- Neurological: _____
- Strength and Coordination: _____



VOLUNTARY SPORTS/ATHLETIC EVENT OR ACTIVITY INFORMED CONSENT AND LIABILITY RELEASE ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Student name

M F
Sex

Birth date

Parent or legal guardian (Please print)

Student address

School

Sport/Activity

Coach/Instructor

I authorize my son/daughter, named above, to participate in the indicated sport/athletic event or activity. I understand and acknowledge that sport/athletic activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such sport/athletic events or activities.

This sport/athletic event or activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- | | |
|--|---------------------|
| 1. Sprains and strains | 6. Disfigurement |
| 2. Fractured bones | 7. Head injuries |
| 3. Lacerations, abrasions, and avulsions | 8. Loss of eyesight |
| 4. Unconsciousness | 9. Death |
| 5. Paralysis | |

I understand and acknowledge that participation in sport/athletic events or activities is completely elective and voluntary and as such is not required by the District for completion of graduation requirements.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the sport/athletic event or activity. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards may be removed from this sport/athletic event or activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in sport/athletic events or activities.

I agree to, and do hereby release and hold the District and its officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the sport/athletic event or activity.

I acknowledge that I have carefully read this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Potential Risk" form and that I understand and agree to its terms.

Signature (Student)

Date

Signature (Parent or legal guardian)

Date

Home telephone

Work telephone

Mobile telephone or pager

White - Coach

Yellow - School

Pink - Parent



Mario V. Contini
Superintendent

Conejo Valley Unified School District

INSTRUCTIONAL SERVICES DIVISION
1400 East Janss Road, Thousand Oaks, California 91362-2198
Telephone (805) 497-9511 • FAX (805) 379-5756

CONEJO VALLEY UNIFIED SCHOOL DISTRICT CO-CURRICULAR CODE AND CONTRACT

PHILOSOPHY

The development of a well-rounded student is a major goal of all educational institutions, and the Conejo Valley Unified School District encourages all students to participate in a varied co-curricular activities program. It is the belief of the District that a strong co-curricular program creates and maintains positive school spirit and fosters student responsibility.

Participation in co-curricular activities is a privilege, not a basic right of all students. The school has the authority to revoke this privilege. Certain rules have been established for all students who become involved in the co-curricular program. The Co-Curricular Code and Contract sets forth these expectations.

ELIGIBILITY

Students must have a 2.0 grade point average to participate in co-curricular activities. Grade point average is based upon the previous grading period in all courses, including 8th grade for 9th grade participation.

BEHAVIOR

All participants are expected to display responsible behavior and good citizenship, respect the rights of others and abide by school rules. Any conduct known to have occurred during or after school hours by a participant who brings discredit to himself/herself, the program or the school is not acceptable and may be grounds for removal from all co-curricular activities. The following consequences, in addition to school-wide-discipline expectations of all students, relate directly to co-curricular participation:

1. Suspension from school will result in removal from co-curricular activities, including practice, for the period of suspension and may result in removal from the activities for up to one year beyond the period of suspension.
2. Severe rule violations, such as vandalism, theft, possession of weapons, verbal abuse of other students or adults, unprovoked assault, and habitual violations of school rules, subject students to immediate removal from all activities for up to one calendar year from the date of incident.
3. Substance use or possession, including alcohol, steroids or any other intoxicating or mind altering chemical or substance or paraphernalia, at school, prior to or during a school activity will result in immediate removal from that activity and a removal from all co-curricular programs for up to one year from the date of the incident.
4. Unsportsmanlike conduct, which includes inappropriate behavior toward an opponent, official, or supervisor; or use of obscenity during a contest or activity will result in disciplinary action and possible suspension from school and removal from the activity for up to one year from the date of the incident.
5. Possession or use of tobacco in any form at school or during a school activity will result in removal from the activity for up to one year from the date of the incident.
6. Any participant being arrested or cited for any misdemeanor or felony at school or in the community may be removed from the activity for up to one year from the date of the incident.
7. Being a member or affiliate of any "gang" recognized by law enforcement will be grounds for removal from the activity.

USE OF STEROIDS

The Governing Board recognizes that the use of steroids and other performance-enhancing supplements presents a serious health and safety hazard. As part of the district's drug prevention and intervention efforts, the Superintendent, or designee, and staff shall make every reasonable effort to prevent students from using steroids or other performance-enhancing supplements

Students participating in interscholastic athletics are prohibited from using steroids and dietary supplements banned by the United States Anti-Doping Agency as well as the substance synephrine. (Education Code 49030)

1. Before participating in interscholastic athletics, a student athlete and his/her parent/guardian shall sign a statement that the student pledges not to use androgenic/anabolic steroids and dietary supplements banned by the United States Anti-Doping Agency and the substance synephrine, unless the student has a written prescription from a licensed health care practitioner to treat a medical condition. (California Interscholastic Federation [CIF] Bylaw 524)
2. A student who is found to have violated the agreement in this policy shall be restricted from participating in athletics for up to one year and shall be subject to disciplinary procedures including, but not limited to, suspension or expulsion in accordance with law, Board policy, and administrative regulation.

USE OF STEROIDS - Continued

- 3. Coaches shall educate students at the beginning of each season about the district's prohibition and the dangers of using steroids and other performance-enhancing supplements. (Education Code 49032)
- 4. The Superintendent or designee shall ensure that district schools do not accept sponsorships or donations from supplement manufacturers that offer muscle-building supplements to students. (Education Code 49031)

ATTENDANCE

Participants must attend all classes during the school day of the co-curricular event. Any exceptions must have prior approval from the principal or administrator in charge of the co-curricular activity. Truancy will result in disciplinary action that may include removal from participation in forthcoming events. If attendance problems become habitual, they will serve as cause for a participant's removal from the co-curricular activity.

TRANSPORTATION

Participants must travel to and from contests in transportation provided for, or arranged by, the school. Exceptions require prior arrangement between the participant's parent/guardian and an administrator.

FINANCIAL RESPONSIBILITY

All participants are financially responsible for all equipment checked out to them. Failure to return equipment in reasonable condition may result in an incomplete grade, the withholding of transcripts and registration for the following semester and/or of the privilege to continue in the program until the debt is cleared. Participants understand and accept that they are responsible for District approved transportation and uniform replacement fees. No other fees are required. Participants understand that participation in fund raising activities in voluntary and will not affect their participation or grade.

DROPPING AN ACTIVITY

No participant may drop one activity and become involved in another without the mutual consent of all parties involved.

CO-CURRICULAR ELIGIBILITY PETITION COMMITTEE

If a student is removed from a co-curricular activity for 14 days or more, the parent or guardian of the student may request an opportunity to meet with the Co-curricular Eligibility Petition Committee to present any mitigating circumstances. The Petition Committee will be composed of no less than three certificated staff members, including an Administrator designated by the Principal. The Committee will make a recommendation as to eligibility and violations to the Principal who will make the final decision.

CO-CURRICULAR CODE AND CONTRACT

It is the responsibility of the participant and the participant's parent/guardian to read and understand the full content of this Co-Curricular Code, and to provide signatures below showing your agreement to the terms of this code.

As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Governing Board of the Conejo Valley Unified School District has amended Board Policy 497.4 by prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student named above shall not use androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-Doping Agency as well as the substance synephrine, without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student named above may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids will result in discipline against him/her including, but not limited to, restriction from athletics pursuant to this Co-Curricular Code and Contract and/or suspension from school and/or expulsion from school.

_____ Date

_____ Activity

_____ Parent/Guardian Name (Print)

_____ Participant Name (Print)

_____ Parent/Guardian Signature

_____ Participant Signature