



**BARSTOW UNIFIED SCHOOL DISTRICT
ATHLETIC PARTICIPATION PACKET**

Student's Last Name: _____

Student's First Name: _____

Grade Level: _____ ID # _____

The following steps must be taken to secure athletic clearance and participation at Barstow High School. Parents/Guardians, please initial below to confirm that you and your child have completed and fully understand each part of the enclosed packet.

	We completed the Athletic/Activity Clearance Form and provided proof of medical insurance (pg. 2). We understand that if my child does not have medical insurance, I must purchase a policy through the school.
	We completed the Physical Examination. Reminder- An Athletic Physical Examination is required every new school year.
	We have read, understood, and signed the CIF, BHS, and BUSD Code of Ethics Forms.
	We have read, understood, and signed the Informed Consent and Awareness of Sports Injury Risk Form.
	We have read, understood, and signed the BHS Concussion Information Sheets .
	We have read, understood, and signed the Student-Athlete Sports Medicine Guidelines Form.
	We have read, understood, and signed the California Education Code, Section 44811 Form.

All of the enclosed materials must be submitted to and on file in the Athletic/Activities Office. No tryouts, practice or game participation may take place until receiving approval from the Athletic Director.

THIS SECTION IS FOR OFFICE USE ONLY	GPA	Ver. By
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<p>OFFICE USE ONLY:</p> <p>ADMINISTRATIVE APPROVAL: _____</p> <p>DATE: _____</p>

**BARSTOW UNIFIED SCHOOL DISTRICT
BARSTOW HIGH SCHOOL
ATHLETIC/ACTIVITY CLEARANCE FORM**

School Year	Sport	Male/Female	Grade/ID#	DOB	Age
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Student's Last Name _____ () _____
 First Name _____ Middle Initial _____ Home Phone _____

Address _____ City _____ Zip Code _____

Parent/Guardian Name(s) _____ () _____
 Parent/Guardian Work Phone _____

Emergency Contact Person #1 _____ () _____
 Phone _____ Emergency Contact Person #2 _____ () _____
 Phone _____

Relationship of Above Person to Student _____ Relationship of Above Person to Student _____

Family Physician (if any) _____ () _____
 Phone _____

PARENT/GUARDIAN CONSENT: Participation in Barstow Unified School District's approved activity program is voluntary. My child and I agree to abide by BUSD/CIF rules. I hereby give my consent for the above-named student to participate in a BUSD approved activity program and travel with the school representative on necessary school trips. I realize that there may be a risk of serious injury from participation in school sports and related activities. It is understood that the school district, the student body, and/or any employees are not financially responsible in case of an accident or injury.

EMERGENCY TREATMENT CONSENT: In the event of an accident or emergency, I give permission for the school authorities to transport my child to any available doctor or hospital, or request their services. If you do not give permission, please advise on the line below as to what action you would like taken.

Special Instructions: _____

ATHLETIC TRAINER CONSENT: I give permission to the athletic trainer or other district personnel to administer first aid, follow-up treatment, and rehabilitation when appropriate in his/her professional judgment as approved by the consulting physician.

PHYSICAL FITNESS CERTIFICATION: I hereby certify that the above-named student was given a general physical examination and based on that examination the student is cleared and able to participate in school sports and athletics.

Physician's Signature: _____ **Date:** _____

Physician's State License Number: _____

Special Instructions, Conditions, Allergies, Medications, etc.: _____

INSURANCE CERTIFICATION: I hereby certify that the above-named student is covered by health/accident insurance which provides protection for accidental bodily injury as required by the Education Code for participation in an approved school activity during the _____ - _____ school year. The above-named student is covered for an approved activity program under our family health/medical plan. (Please attach a copy of your child's insurance card or other proof of insurance.)

Name of Insurance Company	Policy Holder	Policy Number
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OR, I have purchased a school insurance plan. _____ No _____ Yes

DELINQUENT ACCOUNTS: I understand that my child must have cleared all delinquent accounts before he/she is eligible to participate in school sports and related activities, and I am financially responsible for all clothing and equipment checked out to my child.

TRANSFER ELIGIBILITY: What school(s) has your student attended in the past 12 months?
 1. _____
 2. _____

SIGNATURE OF PARENT/GUARDIAN - This indicates an AGREEMENT with ALL OF THE ABOVE ITEMS _____ **Date** _____

THIS SECTION IS FOR OFFICE USE ONLY	GPA Ver. By	GPA Ver. By	
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ADMINISTRATIVE APPROVAL _____
ATHLETE IS NOT CLEAR FOR PARTICIPATION UNTIL ALL FORMS ARE COMPLETED, SIGNED AND APPROVED BY THE ATHLETIC DIRECTOR
 DATE _____



10932 Pine Street Telephone: 562-493-9500

Los Alamitos, California 90720 Fax: 562-493-6266

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational 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.

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 physician (as recognized by the AMA) to treat a medical condition (Article 523).

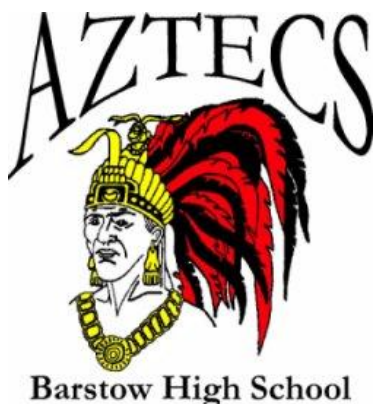
By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student-Athlete _____

Signature of Student-Athlete _____ Date _____

Signature of Parent/Caregiver _____ Date _____

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.



BARSTOW HIGH SCHOOL
CODE OF ETHICS- ATHLETES

1. In order to maintain peak performance by each athlete, no member of any team shall smoke, dip, or chew.
2. There will be no drinking of alcoholic beverages or use of drugs by any team member.
3. We expect you to be home at a reasonable hour on week nights. The curfew on the night before a game is 10:00pm. Special permission to remain out after curfew must be obtained from the coach of the sport.
4. There will be no stealing by any team member.
5. There will be no involvement in a fight situation.
6. Team members **MUST TRAVEL BY SCHOOL TRANSPORTATION TO AND FROM** athletic events.
7. **VIOLATORS OF THE ABOVE RULES MAY IMMEDIATELY BE EXPELLED FROM THE SQUAD FOR THE REMAINDER OF THE SEASON.**
8. In rare cases, you may find it necessary to miss practice. You must request permission from the coach and not indicate your reasons for being absent through another player.
9. Any student who quits a team or is dismissed for disciplinary reasons may not participate in any other sport during that season, unless he has mutual consent of both coaches.
10. Any student who is under disciplinary investigation and whose conduct or character is such as to reflect discredit upon the school is not eligible to participate in school sports and related activities.
11. An ineligible student is not allowed to be in his/her athletic uniform on the field of play, during an interscholastic contest.

Student's Signature

Parent's/Guardian's Signature

Date

BARSTOW UNIFIED SCHOOL DISTRICT
Parents' Code of Ethical Conduct

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, 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 and in accordance with Title V of the California Administrative Code of Ethics is presented. Parent must understand that they are just as important to the success of the school as anyone else involved with the programs offered at Barstow High School. Therefore it is imperative that all parents understand and abide by a code of ethical conduct to insure that the curricular and extra-curricular experience of all students is guaranteed.

1. Remember, young people play for their own enjoyment, not yours.
2. Don't force an unwilling high school student onto the field or court.
3. Applaud good plays by opposing players as well as your own.
4. Set a good example. Young people learn best by imitation.
5. Teach your child always to play by the rules.
6. Show your child that hard work and an all-out effort can matter more than victory.
7. Help your child improve skills and sportsmanship in every game. Your child will then be a winner, even in defeat.
8. Never ridicule or yell at your child for making a mistake or losing a game.
9. Support all efforts to remove verbal and physical abuse from high school sports.
10. Do not publicly question a referee's judgment or integrity.
11. Recognize the value of volunteer teacher-coaches, referees and officials and give them clear signs of respect.
12. Monitor your own behavior and never act in a way that would embarrass yourself, your child or your school.

By signing below you are acknowledging that you have read the above items. You are also making a pledge to be a positive member of the Barstow High School Athletic Program and that you will help other parents understand how important it is to be a respectful fan of Barstow High School.

Parent's/Guardian's Signature

Student's Name

Sport

**INFORMED CONSENT AND AWARENESS OF
SPORTS INJURY RISK WARNING AND AGREEMENT**

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

Students and parents/guardians 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 overstated.

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 (parents/guardians and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice. We agree to obey such instructions.

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

In consideration of the Barstow Unified School District permitting me to try-out for sports and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all risks associated with participating and agree to hold the Barstow Unified School District, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to my school's athletic team(s). The Terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I have read and understood the information above and give my son/daughter _____ permission to participate.

Parent's/Guardian's Signature _____ Date _____

Student's Signature _____ Date _____

Source: State/CIF Health and Safety Committee
John J. Hayes, Executive Director



**BARSTOW 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:

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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:

- | |
|--|
| <ul style="list-style-type: none"> • 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 |
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**BARSTOW HIGH SCHOOL
CONCUSSION INFORMATION SHEET (continued)**

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

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

If you think your child has suffered a concussion

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

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

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

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

**BARSTOW HIGH SCHOOL
STUDENT-ATHLETE SPORTS MEDICINE GUIDELINES**

The Athletic Training Department at Barstow High School has been established to prevent and care for athletic injuries. In order for the training program to provide quality care for the student athletes the following guidelines have been established:

1. It is essential to report all injuries to your coach or athletic trainer as soon as possible. The athletic trainer will then determine if participation is suitable.
2. Any athlete that is injured and unable to complete practice must see the athletic trainer and obtain clearance in order to continue participating.
3. An injured athlete is still part of the team and expected to be present. They should not miss practice because they are hurt. The athlete should report to practice each day, and athletes who are unable to play will be given rehabilitation/conditioning activities to assure a faster and safer return to competition.
4. The athletic training room and staff should be treated with respect. Proper behavior, attire, and language are required in the training room at all times.
5. Athletes must sign-in daily for all injuries and treatments. The athletes will be treated in the same order as the sign-in sheet. Priority will be given to those athletes who have away games and athletes who are capable of practicing.
6. If an athlete needs to see a doctor for any sports related injuries, except in an emergency, notify the athletic trainer and pick up the proper forms in advance. A physician's clearance is required on these forms in order to return to competition.
7. The athletic trainer may continue to hold an athlete, who has a doctor's clearance, from competition when such action will result in a safer return to competition.
8. Report any unsafe or broken equipment to your coach immediately. Do not attempt to use any equipment (helmet, pads, etc.) which do not fit or function properly, as this may result in serious injury.

I have read and understood the guidelines which have been established by the sports medicine department.

Parent's/Guardian's Signature _____

Student's Signature _____

Date _____



CALIFORNIA EDUCATION CODE
Section 44811

Disruption of class work or extracurricular activities: punishment, exemptions

- (a) Any parent, guardian, or person whose conduct in a place where a school employee is required to be in the course of his/her duties materially disrupts class work or extracurricular activities or involves substantial disorder is guilty of a misdemeanor

- (b) a violation of subdivision (a) shall be punished as follows:
 - (1) Upon the first conviction, by a fine of not less than five hundred dollars (\$500.) and not more than one thousand dollars (\$1,000.), or by imprisonment in a county jail for not more than one year, or by both fine and imprisonment.
 - (2) Upon a second conviction, by imprisonment in a county jail for a period of not less than 10 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars (\$1,000). The defendant shall not be released on probation or for any other basis until he/she has served not less than 10 days in a county jail.
 - (3) Upon third or subsequent conviction, by imprisonment in a county jail for a period of not less than 90 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars (\$1,000.). The defendant shall not be released on probation, or for any other basis until he/she has served not less than 90 days in a county jail.
 - (4) Upon a showing of a good cause, the court may find that for any mandatory minimum imprisonment specified by paragraph (2) or (3) of this subdivision, the imprisonment shall not be imposed, and the court may grant probation, or the suspension of the execution or imposition of the sentence.

Before a student may tryout or participate on an athletic team, this form must be signed by the parent(s)/guardian(s) indicating that they have read and understand Section 44811 of the California Education Code.

Student's Signature _____

Parent's/Guardian's Signature _____

Date _____

