



(Sport)

Athletic Program Enrollment Form

(1 of 6)

Directions: All students must have a completed copy of this form on file at their school site prior to participating in any school sponsored athletic activity. This requirement includes all student managers, assistants and scorekeepers/ statisticians. No student may practice or engage in any school sponsored athletic activity until this form is returned to your school site. All sections of the form must be completed. In some cases information will be requested more than once on the form as part of this form is given to each coach during the season.

STUDENT EMERGENCY INFORMATION FOR COACHES

(This information will be given to each coach to be available during all practices and games.)

Last Name: _____ First Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____ Male Female

Student's Email Address: _____ Parent's Email Address: _____

Father/Guardian: _____ Home Phone: _____ Other Phone: _____

Mother/Guardian: _____ Home Phone: _____ Other Phone: _____

Student's Physician: _____ Physician's Phone Number: _____

Health Insurance Co. _____ Group Policy # _____ Hospital: _____

Known Allergies (Drug, Food, Insects, Etc.) _____

Special Medical Issues _____

Regular medications (Inhalers, Insulin, EpiPen, Etc.) _____

In case this student becomes ill or is injured and a parent/guardian is not available, one of the following relatives, friends or neighbors may be called for assistance and may authorize medical care for my student.

1. Name: _____ Relationship _____ Phone: _____

2. Name: _____ Relationship _____ Phone: _____

In case this student becomes ill or is injured and a parent/guardian or other above named individual is not available, I authorize the District to provide emergency medical assistance in the best interest of my student. YES NO

Parent Signature: _____ Date: _____



Athletic Program Enrollment Form

(2 of 6)

STUDENT PARTICIPANT DEMOGRAPHICS, CERTIFICATIONS AND ACKNOWLEDGEMENTS

Last Name: _____ First Name: _____ Grade _____

DOB: _____ Student ID# _____ Counselor _____ School: MV LA AV

Student's Email: _____ Parent's Email: _____

REQUIRED CERTIFICATIONS

I. Physical Examination: Certification by a physician that the student is able to participate without restriction in the sports named above is required each year. The physician's signature below certifies that the student named above is able to fully participate in sports.

Print Physician's Name: _____ Physician's Phone #: _____

Physician's Signature: _____ Examination Date: _____

II. Insurance Requirement: Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-747-1222 (toll free number).

I would like to enroll my student in insurance through the district. Please send me the information to do so.

I certify that the student named above has family health insurance from other sources. (Please complete the information below.)

Insurance Company: _____ Group/Policy Number: _____

Name of Insured: _____ Relationship: _____

Parent/Guardian Signature _____ Date: _____



Athletic Program Enrollment Form

(3 of 6)

III. Eligibility Rules: The following outlines district and league policies which establish eligibility to participate on an athletic team in the Mountain View-Los Altos Union High School District. Please read, complete and initial each eligibility criteria to certify that your student is eligible to participate.

<ul style="list-style-type: none"> • Academic Eligibility – My student has a minimum 2.00 GPA from the previous grading period (semester or quarter); passed 20 credits during that grading period; is enrolled in at least 25 credits for this current grading period; is successfully progressing toward completion of the graduation requirements. 	Parent Initial _____
<ul style="list-style-type: none"> • Age Eligibility – My student will not turn 19 years of age prior to June 15th of the upcoming school year. My student’s date of birth is _____/_____/_____ <div style="text-align: center; font-size: small;"> Month Day Year </div> 	Parent Initial _____
<ul style="list-style-type: none"> • Previous School – My student entered his current school from _____ on _____/_____/_____ <div style="text-align: center; font-size: small;"> Month Day Year </div> Name of Previous School _____ 	Parent Initial _____
<ul style="list-style-type: none"> • 9th Grade Enrollment – Students are eligible for 8 consecutive semesters of participation from their initial enrollment in the 9th grade. My student was or will be enrolled into the 9th grade on _____/_____ <div style="text-align: center; font-size: small;"> Month Year </div> 	Parent Initial _____
<ul style="list-style-type: none"> • Football Age Rule – I certify that my student will turn 15 years of age on _____/_____/_____. I understand that he/she will not be eligible for varsity football until his/her 15th birthday. 	Parent Initial _____

ACKNOWLEDGEMENTS

IV. Notice of Risk of Injury: Some forms of athletic competition involve rigorous physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and other exposures to risk of injury. Athletes will be instructed in proper techniques to be used in practice and competition, and the proper use of equipment and facilities. However, you are advised that instruction, precaution, and proper protective equipment may not prevent some accidents resulting in serious traumatic injury.

V. Co-curricular Drug and Alcohol: On page 4 of this enrollment form you will find the district’s drug and alcohol policy and the consequences for violating this policy. Your student’s initials here and your signature below indicates that you and your student have read this policy and will accept the consequences of its violation.

Student Initial

Permission

I certify that all of the information provided in this enrollment form is true and accurate to the best of my knowledge. I further certify that I have read and fully understand the risk of injury and the district’s drug and alcohol policy. I hereby give my consent for the student named above to participate in the school’s athletic program.

Parent/Guardian Name: _____ Signature _____ Date: _____



Athletic Program Enrollment Form

(4 of 6)

CO-CURRICULAR DRUG AND ALCOHOL POLICY

PHILOSOPHY - One of the major responsibilities of Mountain View-Los Altos Union High School District is to protect the health and safety of students in its charge. The position of the district is that the use and abuse of controlled substances, commonly called drugs and alcohol, are not only against the law, but harmful to the individual, fellow students, the school community and eventually to society. The district subscribes to and supports the state and national program for drug-free schools. It is the district's intent to keep its schools free of the use and abuse of drugs and alcohol and from the harmful effects that such substances have on the lives of students. In those instances when use and abuse do occur, the schools will take the prescribed disciplinary action. Concurrently, assistance will be offered to the student and parents through the intervention program.

DEFINITIONS - Co-curricular activities include, but may not be limited to interscholastic athletics, rally committee, elected positions (ASB, class officers, etc) and other activities in which students are representing the school as an organized group. Students in these activities are representatives of the school and school district and are role models for other students. They are expected to lead and be examples. At school and school activities is defined as while going to and from school, while on campus, during brunch or lunch whether on or off campus, during school activities on or off campus, and while going to or coming from these activities.

PURPOSES - The purposes of the Co-curricular Drug and Alcohol Policy are to provide participants with a healthy, safe environment; to assist them in obeying the law; to encourage them to take responsible, effective control of their lives; and to take steps to promote, enhance and maintain a drug-free co-curricular program.

THE POLICY - Students participating in co-curricular activities shall not use possess, or be under the influence of drugs and alcohol.

Prior to participating in a co-curricular activity, students shall sign an agreement to be drug and alcohol free. The parents or guardians will also sign indicating that both the student and the parent read and understood the policy, and that they accept the consequences if it is violated.

The school will be responsible for the application and enforcement of this policy while the student is at school and school activities and at other times when school authorities are informed of and can substantiate violations. In each case, an appropriate follow-up shall be made.

Parents or guardians are expected to assist their student with adherence to the policy.

DISCIPLINARY ACTION - Participants in co-curricular activities who violate the drug and alcohol policy will be subject to co-curricular disciplinary action in addition to such action delineated by existing district policies.

1. First Offense - The student will be suspended from the team or activity for one contest or one week. The student and the parent(s) will meet with the coach, or director and the Assistant Principal/Attendance and Discipline, if necessary, to determine the conditions of reinstatement. Enrollment and participation in an approved intervention-counseling or education program may be accepted as an alternative to suspension. In this case, a time schedule for attendance and completion will be agreed upon. Responsibility for submitting verification of participation rests with the student. Failure to come will result in reinstatement of the suspension, for at least twice the original time.

2. Second Offense - Any second offense will result in suspension from the team for the remainder of the season for athletics or the semester for those in other activities. A student who is suspended for a season or semester under this policy may not participate again in co-curricular activities until she/he completes a substance abuse program as described under #1. Any subsequent offense will require a conference including the student, the parent, the advisor/coach and a school administrator to establish a program of appropriate action.

3. Self-referral - Students who voluntarily self-refer to the school's intervention program will not be suspended from participation in their activity unless otherwise determined by the conference required in #1. They may be required to enroll in an intervention-counseling or education program as described in #1.

4. Verification of Violation - Rumors cannot be a basis for restricting student participation unless they are discussed with the student and substantiated by the coach and /or advisors, and administration.

Furthermore, you and your student understand that the league and California Interscholastic Federation have policies regarding the use of steroids. The student shall not use androgenic/anabolic steroids without the written permission of a fully licensed physician (as recognized by the AMA) to treat a medical condition. Under CIF Bylaws, there could be penalties for false or fraudulent information.

Athletic Program Enrollment Form

(5 of 6)

Concussion Information

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
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Signs observed by teammate4s, 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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Athletic Program Enrollment Form

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/>