

ATHLETICS CLEARANCE PROCEDURES

FOLLOW THESE STEPS:

1. The following pages include all documents you must fill in and print out for your packet to be complete. You may type on the document where there is a form field – don't forget to **SIGN** the forms where applicable. If you save your document, you may use it for future use without having to re-enter all your information.
2. **A doctor must complete the PHYSICAL FORM sign and affix his/her stamp.** Everything else can be read and completed by the student and parent or guardian at home

WEST HIGH SCHOOL ATHLETIC CLEARANCE CHECK LIST

- ATHLETIC EMERGENCY CARD**
 - Please fill out completely – **BOTH (top & bottom so we have duplicate cards)**

- PHYSICAL**
 - Must have doctor's signature, license#, and date on physical form
 - Address and phone number of the Medical Office
 - Parent/Guardian must sign

- USE OF CONTROLLED SUBSTANCE**
 - Read Carefully
 - Student and Parent must sign and date

- REGARDING USE OF STEROIDS AGREEMENT**
 - Read Carefully
 - Student and Parent must sign and date

- WARNING TO STUDENTS AND PARENTS**
 - Student's name and any sport they might possibly play

- ATHLETES CODE OF ETHICS**
 - Read Carefully
 - Student and Parent must sign and date

- PURSuing VICTORY WITH HONOR**
 - Read Carefully
 - Parent/Guardian must sign and date

- ATHLETIC CLEARANCE CARD**
 - Part 1 and 2 (fill out completely)
 - Part 3 (your own policy) – give the name of the company and policy number. If using Myers-Stevens you must pick up form from school business office.

- TRANSPORTATION CONTRIBUTION**
 - Review the information sheet explaining the contribution
 - Submit in a sealed envelope with student's name and sport written on the front

RETURN COMPLETED ATHLETIC & PEP SQUAD PACKETS TO THE BUSINESS OFFICE

ONLY COMPLETED PACKETS WILL BE ACCEPTED

ANY QUESTIONS: PLEASE CALL THE BUSINESS OFFICE AT 533-4299 X 7688

West High School CLEARANCE FORM ATHLETICS

PART 1 – STUDENT INFORMATION

Please **PRINT** this information carefully.

LAST NAME	FIRST NAME	BIRTH DATE	GRADE THIS YEAR
STREET ADDRESS		CITY	ZIP CODE
TELEPHONE NUMBER	SCHOOL ATTENDED DURING THE LAST SCHOOL YEAR		

PART 2 – PARENT/GUARDIAN INFORMATION (Optional)

We are building a database of parent/guardian occupations and interests as a source of advice and assistance in maintaining the high school's Athletic programs.

FATHER'S NAME	EMPLOYER	OCCUPATION	WORK PHONE
MOTHER'S NAME	EMPLOYER	OCCUPATION	WORK PHONE

PLEASE LIST ANY OTHER SKILLS/ AVOCATIONS / SPARE TIME THAT WOULD BE POTENTIAL ASSISTANCE TO THESE PROGRAMS
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PART 3 – INSURANCE

Students taking part in the school Athletic programs MUST be covered by a minimum of \$1,500 insurance. This coverage may be provided through your own medical insurance OR you may purchase student insurance through Myers-Stevens & Company. Forms are available in the Athletics Office.

This is to certify that my student is covered by the required medical insurance:

NAME OF INSURANCE COMPANY	PARENT/GUARDIAN SIGNATURE
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PART 4 – CONSENT OF PARENT/GUARDIAN AND STUDENT

My signature affixed hereon gives permission for my son/daughter to participate in Athletics at the high school and certifies that I (PARENT/GUARDIAN AND STUDENT) have read and agree with the Rules and Regulations on page 2 of this form.

DATE	PARENT/GUARDIAN SIGNATURE	STUDENT SIGNATURE
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PART 5 – APPROVAL BY ATHLETIC DIRECTOR OR ATHLETIC SECRETARY

DATE	ATHLETIC DIRECTOR'S SIGNATURE	PHYSICAL	INSURANCE	SUBSTANCE/STEROID	WARNING	ETHICS	EMERG CARD
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TRANSPORTATION FEE \$ _____

WARNING TO STUDENTS, PARENTS & GUARDIANS

**SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY
MAY RESULT FROM ATHLETIC COMPETITION**

By its very nature, competitive athletics may put students in situations which SERIOUS, CATASTROPHIC and, perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents 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; athletic participation by high school students also may be inherently dangerous.

The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

By choosing to participate, you the student, acknowledge that such risks exist.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

DIRECTIONS: Sign this form and return it to the Athletic Office with the Athletic Packet.

This will acknowledge that we have read and understand the material contained in this WARNING TO STUDENTS, PARENTS and GUARDIAN

Signature _____ Date _____
Parent or Guardian

Signature _____ Date _____
Student

STUDENTS NAME: _____

ATHLETIC RULES AND INFORMATION

1. **ASB CARD:** It is recommended that all athletes purchase ASB cards. The ASB card provides discounts for school activities and free entrance into all league and practice athletic events the entire year. It is required in order to receive athletic awards, letters, plaques, etc., free of charge.
2. **OUTSIDE TEAMS:** Athletes cannot play on another team in the same sport from the time of high school's first contest against another school, in that sport, through the final game of the season.
3. **SCHOLASTIC ELIGIBILITY (TUSD Board Policy 327.22)**
 - a. Athletes must be legally enrolled and progressing toward meeting graduation requirements.
 - b. Athletes are expected to enroll in six classes and are ineligible if they drop below five classes.
 - c. Athletes must maintain a minimum GPA of 2.0 in all classes for the quarter completed prior to each season.
 - d. Athletes may have no more than one (1) unsatisfactory grade in citizenship for the quarter completed prior to the season and throughout the season.
 - e. These academic and citizenship standards must be maintained each quarter to stay eligible.
4. **HIGH SCHOOL ATHLETIC RULES:**
 - a. One qualification for earning a letter is that an athlete must complete the season as a member of the team (cannot have been cut, been suspended or quit).
 - b. All school-issued equipment (uniforms, bags, etc.) must be returned at the end of the season or the athlete will receive an incomplete grade until the equipment has been returned or paid for.
 - c. Athletes may not transfer from an "in-season" sport to any other sport until after the last game of the "in-season" sport or until released by the coach of the "in-season" sport.
 - d. Athletes are guaranteed a chance to tryout for another sport at the conclusion of their present sport season. We encourage athletes to participate in more than one sport during the year.
 - e. Athletes who are cut from a sport will be transferred to a regular P.E. Class. It may be during 6th or a different period. They must report to class daily and wear the required P.E. uniform.
 - f. All athletes must go to and from games on the team bus.
 - g. To be a member of a high school athletic team is a privilege and an honor. We expect all players on the field to conduct themselves like ladies and gentlemen. Specifically, we do not want players to criticize teammates or officials nor to commit deliberate fouls. When fouled, we do not want our players to retaliate. In short, we expect high school athletes to play with "class" and "character".
5. **THE ATHLETE AND COACH:**
 - a. Coaches may, and often do, set additional rules and regulations for their sports.
 - b. If you have any questions, don't be afraid to ask the coach.
 - c. **Lines of Communication:**

If a problem arises, parents are required to discuss it with the coach prior to calling the Athletic Director and/or Administration.

WEST HIGH SCHOOL
CIF SOUTHERN SECTION

ATHLETES CODE OF ETHICS

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 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.

Athlete's Signature: _____ **Date:** _____

Athlete's Name Printed: _____

Parent Signature: _____ **Date:** _____

The CIF-Southern Section requires that a copy of this form be kept on file in the Athletic Director's Office at the local high school on an annual basis.

Pursuing Victory With Honor*

Code of Conduct for Parents/Guardians

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring and good citizenship (the Six Pillars of Character™ SM). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child's sports experience.

TRUSTWORTHINESS

- *Trustworthiness* – Be worthy of trust in all you do.
- *Integrity* – Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what's right even when it's unpopular or personally costly.
- *Honesty* – Live honorably. Don't lie, cheat, steal or engage in any other dishonest conduct.
- *Reliability* – Fulfill commitments. Do what you say you will do.
- *Loyalty* – Be loyal to the school and team; Put the interests of the team above your child's personal glory.

RESPECT

- *Respect* – Treat all people with respect at all times and require the same of your student-athletes.
- *Class* – Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- *Disrespectful Conduct* – Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- *Respect for Officials* – Treat game officials with respect. Don't complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

- *Importance of Education* – Support the concept of "being a student first." Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.

- *Role Modeling* – Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role-model.
- *Self-Control* – *Exercise self-control. Don't fight or show excessive displays of anger or frustration.*
- *Healthy Lifestyle* – Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-the-counter nutritional supplements, as well as of unhealthy techniques to gain, lose or maintain weight.
- *Integrity of the Game* – Protect the integrity of the game. Don't gamble or associate with gamblers.
- *Sexual Conduct* – Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

FAIRNESS

- *Fairness and Openness* – Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING

- *Caring Environment* - Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team.

CITIZENSHIP

- *Spirit of the Rules* – Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest tradition of sportsmanship.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.

Parent/Guardian Signature

Date



TORRANCE UNIFIED SCHOOL DISTRICT

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN

REGARDING USE OF STEROIDS

(Print Name of Student Athlete)

(High School)

As a condition of the membership in the California Interscholastic Federation (CIF), the Governing Board of the Torrance Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D, the student 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 may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

(Signature of Student Athlete)

(Date)

(Signature of Parent/Guardian)

(Date)

WEST HIGH SCHOOL

POLICY REGARDING THE USE OF TOBACCO AND CONTROLLED SUBSTANCES BY ATHLETES

Philosophy: The members of the Athletic Department consider the use of tobacco, and all controlled substances such as alcohol, steroids, cocaine, PCP, barbiturates, amphetamines, heroin, marijuana, hallucinogens, and volatile chemicals to be detrimental to the health of the individual. Such usage prevents the athlete from performing at his/her ultimate level and is unfair to fellow team members and coaches. Much of the success of the athletic program at West High results from asking our athletes to meet requirements more stringent than those for other students. This policy regarding the use of harmful, dangerous and illegal substances will also require our athletes to meet standards, which are more stringent than those for the rest of our students. The actions of the Athletic Department will not be contingent upon other actions other authorities take.

Policy: Any athlete caught in the possession or under the influence of tobacco, or controlled substances, in or out of season, will be subject to the following disciplinary actions by the Athletic Department.

1. Tobacco:

- a. First offense – coach will handle.
- b. Subsequent offenses – suspension for a minimum of one game or competition.

2. Alcohol/Drugs:

- a. All violations to be reported to the assistant principal in charge of athletics.
- b. Assistant principal will appoint a committee of four coaches with the assistant principal serving as chairperson. None of the members are to be coaches of the athlete in question.
- c. Committee will review the evidence and any extenuating circumstances presented by the student, parents, coaches, teachers, counselors, dean and any other individual with appropriate information deemed applicable.
- d. The committee will vote by secret ballot on the action to be taken. A majority vote will decide, with the assistant principal voting only to break a tie. Only the decision is to be made public. The vote count is to be confidential.
- e. Possible consequences for violation of the policy may include;
 1. Recommend evaluation or substance abuse counseling
 2. Recommend enrollment in drug or alcohol rehabilitation program
 3. Suspension from athletics for a specified period of time
 4. Removal from athletics for a maximum of two consecutive seasons of sport

Student name (please print)

Student signature

Date

Parent signature

Date

TORRANCE UNIFIED SCHOOL DISTRICT

TRANSPORTATION CONTRIBUTION

1. The Torrance Unified School District requires that all four high schools collect parent contributions for extracurricular transportation. Contributions will be collected from all Athletic teams, Band, Debate, Drill Team, and Pep Squad, and will be used to pay for busses carrying these high school students to activities and games.
2. The basic contribution per family:

A.	One (1) student in one activity/team	\$130.00
B.	One (1) student in two or more activities/teams	\$200.00
C.	Two (2) students each of whom is in one activity/team	\$240.00
D.	Two or more students each of whom are in two or more activities/teams	\$300.00

3. The contribution applies to all interscholastic athletics that use busses and drivers. **Band, Pep Squad and Debate are considered two season activities and are asked to pay \$200.00.**
4. **Refund Policy:**
 - a. Refunds will be granted to students who are cut or voluntarily drop **before their activity/team's first contest.**
 - b. **No refunds** will be granted to students who are cut or drop the activity/team after the first contest, regardless of whether or not the student participated.
 - c. **No refunds** will be granted to students who become scholastically ineligible.
5. Please write a check, payable to the **Torrance Unified School District.** Complete the information below and on your check, write your student's full name, grade level and sport(s).

Name of Student	Fall Sport	Winter Sport	Spring Sport	Amount
Name of Student	Band	Debate	Pep/Drill	Amount

WEST HIGH SCHOOL ATHLETIC EMERGENCY CARD

STUDENT LAST NAME	STUDENT FIRST NAME	GRADE	SPORT
FATHER LAST NAME	FATHER FIRST NAME	PHONE NUMBER	WORK/CELL NUMBER
MOTHER LAST NAME	MOTHER FIRST NAME	PHONE NUMBER	WORK/CELL NUMBER
PHYSICIAN NAME	PHYSICIAN PHONE		

My child has the following insurance:

HEALTH INS COMPANY:

POLICY NUMBER:	GROUP NUMBER:	RESPONSIBLE PARTY:
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IN THE EVENT OF AN ACCIDENT OR INJURY, PLEASE NOTIFY:

LAST NAME	FIRST NAME	HOME PHONE NUMBER	BUSINESS PHONE
LAST NAME	FIRST NAME	HOME PHONE NUMBER	BUSINESS PHONE

In the event of an accident or injury your son/daughter will be taken to the nearest hospital

_____ Date _____

Parent Signature

(duplicate copies of this form is required)

WEST HIGH SCHOOL ATHLETIC EMERGENCY CARD

STUDENT LAST NAME	STUDENT FIRST NAME	GRADE	SPORT
FATHER LAST NAME	FATHER FIRST NAME	PHONE NUMBER	WORK/CELL NUMBER
MOTHER LAST NAME	MOTHER FIRST NAME	PHONE NUMBER	WORK/CELL NUMBER
PHYSICIAN NAME	PHYSICIAN PHONE		

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LAST NAME	FIRST NAME	HOME PHONE NUMBER	BUSINESS PHONE
LAST NAME	FIRST NAME	HOME PHONE NUMBER	BUSINESS PHONE

In the event of an accident or injury your son/daughter will be taken to the nearest hospital

_____ Date _____

Parent Signature

SCHOOL PHYSICAL EXAMINATION

West High School

HEALTH HISTORY (Must be completed and signed by parent prior to examination):

GRADE: _____ ATHLETIC PROGRAM IF STUDENT PARTICIPATES IN ATHLETICS: _____

Last Name	First Name	M.I.	Grade	Age	Birth Date	Male or Female
Address			City		Zip Code	

HEALTH HISTORY (To be completed by student & parent):

Check "yes" or "no" and give as much information as possible.

_____ Heart Trouble	_____ High Blood Pressure	_____ Asthma	_____ Diabetes
_____ Kidney Problems	_____ Head Trauma	_____ Seizures	_____ Other

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

Current medications _____ Allergies _____ Date of Last Tetanus Shot _____

Signature of Parent or Guardian: _____

PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN :

Visual Acuity (Distance): O.D. _____ / _____ O.S. _____ / _____ () Corrected () Uncorrected LMP _____
 Ht _____ Wt _____ Temp _____ B/P _____ Pulse _____ Respirations _____

	Normal
1. Eyes	
2. Ears, Nose, Throat	
3. Mouth and Teeth	
4. Neck	
5. Cardiovascular	
EKG results if done	
6. Chest and Lungs	
7. Abdomen	
8. Skin	
9. Genitalia-Hernia (male)	

	Normal
10. Musculoskeletal ROM Strength	
Neck	
Spine	
Shoulders	
Arms/Hands	
Hips	
Thighs	
Knees	
Ankles	
Feet	
11. Neuromuscular	

SIGNIFICANT HISTORY FINDINGS:

() Chest Pain () Extreme S.O.B. () Dizziness () Fatigue () Palpitations () Hx of family member w/ MI under 50yrs of age or Sudden Death of family member

Other: _____

RECOMMENDATION: () Full Activity - No restrictions () Activity with restrictions: _____
 () No contact sports () No Participation
 Other _____

EXAMINING PHYSICIAN: Printed or stamped	Name: _____ Address: _____ LICENSE#: _____	Signature: _____ PHONE #: _____
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DATE OF EXAM: _____