

Student Athlete Name _____

WEST VALLEY HIGH SCHOOL ATHLETIC ELIGIBILITY

CIF RULES AND District policy require that any student who intends to participate in an athletic contest must comply with special regulations. **These rules are not negotiable and will result in game forfeiture if a school/student fails to comply.** Therefore, if you plan to participate in high school athletics, please be prepared to complete the following documentation:

- **Informed Consent Form (signed by a parent/guardian);**
- **CIF Athlete's Code of Ethics (signed by parent/guardian and student);**
- **Athletic Emergency Information Form (must present proof of insurance with a copy of insurance card)**
- **Physical Release (signed by doctor);**
- **Residential Eligibility (signed by parent/guardian)**

It is also required that the following be satisfied:

- **Enroll in, attend & pass at least twenty (20) units;**
- **Maintain a 2.0 GPA**
- **It is highly encouraged that each student obtain an ASB (Associated Student Body) card (through the Student Store)**

ALL DOCUMENTS MUST BE TURNED INTO THE ATHLETICS DEPARTMENT TO BE ELIGIBLE

Non-Discriminatory Statement: Every student of West Valley High School has the right to enroll in any course or class without discrimination on the basis of race, color, national origin (including sexual harassment), handicap (or disability), or age in any of its policies, procedures or practices. This ensures that there is no discrimination on the basis of race, color, and national origin which is in compliance with Title VI of the Civil Rights Act of 1964, sex (including sexual harassment) which is in compliance with Title IX of the Education Amendments of 1972, handicapped students which is in compliance with the Age Discrimination Act of 1975. The lack of English language skills will not be a barrier for admission or participation in any program. All students have equal education facilities and evaluation procedures, and there shall be equal allocations of vocational education funds. This non-discrimination policy covers admission and access to, and treatment and employment in, all educational programs and activities.

Athletic Department Use Only:

Student GPA _____ **Student Cleared** _____ **Athletic Director's Initials** _____

HEMET UNIFIED SCHOOL DISTRICT

INFORMED CONSENT AWARENESS OF SPORTS INJURY RISK WARNING AND AGREEMENT

By its very nature, competitive athletics can put students in situations in which **SERIOUS, CATASTROPHIC**, and perhaps **FATAL** accidents could occur. Students and parents/guardian 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 (parent and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions. If any of the foregoing is not completely understood and you have questions, please contact your school athletic director or school administrator for further information.

WEST VALLEY HIGH SCHOOL GENERAL ATHLETIC POLICIES

Participation in Athletics at West Valley High School is a privilege. Below are some general athletic policies of the athletic department. More information is provided in the West Valley High School Athletic Handbook. Each athlete will be advised of all rules and regulations expected of them.

- 1) Students must maintain 2.0 GPA (on a 4.0 scale) in order to compete.
- 2) Students must pass a minimum of 20 semester units to be eligible.
- 3) Practice/games are mandatory. Each Varsity Coach will establish rules and consequences for tardiness and absences from games/practices.
- 4) Athletes will be issued school owned uniforms and equipment. The parent/guardian will be responsible to pay the "replacement cost" of lost, damaged or stolen uniforms and equipment. Athletes will not be allowed to play in a contest if they owe equipment from the previous season of sport. (Fall, Winter or Spring).
- 5) Athletes Citizenship (behavior) is an important part of athletics. Consequences will occur for poor citizenship in or out of the classroom.
- 6) Athletes are required to ride to and from athletic contests with the team on the team bus. Athletes may be released ONLY to the PARENT /GUARDIAN if the parent/guardian writes a note and the note is signed by the athletic director **before** the contest from which the student is requesting to be released. Athletes are to remain with the team at all times when at an away contest.
- 7) The varsity coach is the one to determine the level (team) each athlete is on.
- 8) It is expected that athletes' school attendance will be better than that of non athletes. It is expected of each athlete to attend classes on game day.
- 9) Athletes are not allowed to practice or compete until all athletic paperwork is turned in and processed by the Athletic Director.

Parent Consent to Participate:

I hereby give my consent for the above named student to compete in interscholastic athletic competition for West Valley High School. I authorize my son/daughter to travel by bus to away contests and be supervised by a representative of West Valley High School. In the event my son/daughter is injured or becomes ill and I cannot be contacted, I authorize medical treatment as deemed necessary by a licensed medical personnel and performed by said licensed medical personnel. I, the undersigned, hereby release and discharge Hemet Unified School District and its officers, employees, agents, servants, coaches and volunteers (hereby collectively referred to as "District") from any and all liability arising out of, occurring during or in connection with the above described activity, including but not limited to receiving instructions in said activity, the performance or practice of the activity or any activities incidental thereto regardless of the location of the activity, and all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For purposes of this agreement, liability means all claims, demands, losses, injuries, damages, causes of action, suits or judgments of any and every kind that occur during the described athletic activity. It is our intention through this agreement to exempt and relieve Hemet Unified School District from any and all liability for personal injuries or property damage which occurs during the course of participation in athletic activity in any manner at any location. I also authorize the use of images of, or quotes by, my son/daughter in the West Valley High School yearbook, newspapers or similar publications.

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

Parent/Guardian Signature _____ Date _____

HEMET UNIFIED SCHOOL DISTRICT
West Valley High School
RESIDENTIAL ELIGIBILITY
Athletic/Extracurricular Participation
Please Print

ATHLETE'S NAME: _____ GRADE: (In Sept.) _____

Last Name First Name

1 Name of the person completing this form: _____

Relationship to Athlete: _____ (Parent, Legal Guardian, Relative, Foster Parent)

2 Student Status:

____ Continuing HS Student (skip down to # 4) ____ Inter-district Transfer

____ New Resident ____ Incoming 9th grader ____ Intra-district Transfer ____ Administrative Placement

3 New Student Information: (To be completed by ALL new students)

a. School attended last year: _____ Address: _____

b. Previous Sports played in high school, (include level): _____

c. If residence change, **PREVIOUS ADDRESS** _____

With whom did the student reside at Previous Address _____

4 Parent Residence Information:

Mothers Name Street Address Apt. No. City Zip Phone #

Fathers Name Street Address Apt. No. City Zip Phone #

5 **I AFFIRM THAT THE ABOVE-MENTIONED STUDENT RESIDES AT THE FOLLOWING ADDRESS:**

Street Address Apt. No. City Zip Phone #

With whom does the student currently reside at the above address (# 5) _____

What is the relationship of this person to the Student _____

I understand that the student must reside with their parent or legal guardian/s. Student must also reside within the *attendance* boundaries of Hemet Unified School District and/or have followed and completed the process of obtaining an inter/intra district permit and said permit has been approved. I also understand that falsifying any information on this form may result in the immediate interscholastic competition ineligibility for the student and possible contest forfeiture for West Valley High School.

Signature of person completing this form

Printed Name

Date

Administrative Approval: _____

HEMET UNIFIED SCHOOL DISTRICT
West Valley High School Athletic Emergency Information Form

Student Name _____
Last First Middle Initial

Address _____ Home Phone () _____
Street City Zip

Date of Birth _____ M ___ F ___ Current Grade _____

Fathers Name _____ Work Phone _____

Mothers Name _____ Work Phone _____

IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED PLEASE NOTIFY:

Name _____ Phone _____

Name _____ Phone _____

Medical Insurance Information:

Must Be Completed: Please provide the information listed below.

We also require a copy of the valid insurance card with the student athlete's name.

Insurance company _____ Policy Number _____

Phone Number _____

If you do not have your own insurance, but intend to purchase Meyers-Steven Insurance, read and sign below.

I have purchased insurance from the Meyers-Stevens Company and have signed the appropriate forms and turned them into the West Valley High School Athletic Department.

Signature of Parent/Guardian

Circle sport/s you are interested in:

Fall

Football
Cross Country-Coed
Volleyball-Girls
Tennis-Girls
Water Polo-Boys
Gold-Girls

Winter

Basketball-B/G
Soccer-B/G
Wrestling
Water Polo-Girls

Spring

Baseball
Softball
Track-B/G
Tennis-Boys
Swim-B/G
Golf
Volleyball-Boys

HEMET UNIFIED SCHOOL DISTRICT



Dr. Philip O. Pendley
Superintendent

Mary Wulfsberg
Deputy Superintendent

Richard M. Beck
Assistant Superintendent

LaFaye Platter
Assistant Superintendent

Dr. Caryl Miller
Assistant Superintendent

**Professional Development
Service Center**

1791 W. Acacia Avenue
Hemet, CA 92545
(951) 765-5100
Fax: (951) 765-5115

**Professional Development
Academy**

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Fax: (951) 765-6421

www.hemetusd.k12.ca.us

Governing Board

Lisa DeForest
Dr. Gregg Figgins
Marilyn Forst
Charlotte Jones
Phyllis Petri
Bill Sanborn
Joe Wojcik

Date: _____

**AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING
USE OF STEROIDS**

Dear Parent/Guardian:

As a condition of membership in the California Interscholastic Federation (CIF), and in accordance with Education Code 49030, the Governing Board of the Hemet Unified School District has adopted Board Policy 5131.63 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 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 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 or suspension or expulsion from school

Signature of student athlete

Date

Signature of parent/guardian

Date

Adopted: 12/11/07
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HEMET UNIFIED SCHOOL DISTRICT



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Fecha: _____

**ACUERDO PARA ESTUDIANTES ATLETAS Y PADRES/TUTORES RESPECTO AL
USO DE ESTEROIDES**

Respetables Padres/Tutores:

Como condición de membresía de la Federación Interescolar de California (*California Interscholastic Federation*, CIF) y de acuerdo al Código Educativo 49030, la Mesa Directiva del Distrito Escolar Unificado de Hemet ha adoptado la norma 5131.63 que prohíbe el uso y abuso de esteroides androgénicos/anabólicos según se indica a continuación. El Reglamento 524 de CIF requiere que todos los estudiantes participantes y sus padres/tutores firmen este acuerdo.

Al firmar este acuerdo aceptamos que el estudiante no usará esteroides androgénicos/anabólicos o cualquier suplemento dietético que esté prohibido por la Agencia Antidopaje de los Estados Unidos o la sustancia sinefrina, sin una receta escrita por un médico titulado para tratar condiciones médicas.

También, reconocemos que de acuerdo al Reglamento 200.D de CIF el estudiante será sujeto a sanciones, incluyendo ser excluido de participar en competencias de CIF, si él/ella o sus padres/tutores le proveen información falsa o fraudulenta a CIF.

Entendemos que el quebrantar la norma del distrito sobre el uso de esteroides puede resultar en acción disciplinaria contra el estudiante, incluyendo pero no limitado a restricciones a su participación en los deportes o suspensión o expulsión de la escuela.

Firma del estudiante atleta

Fecha

Firma del padre/tutor

Fecha

Adopted: 12/11/07

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HEMET UNIFIED SCHOOL DISTRICT

Preparticipation Physical Examination Form

(Please type or print)

Student's Name _____ Birth Date _____ Sex _____ Grade _____
Last First Middle

City _____ School _____ Place of Birth _____

Student's Address _____
Street City Zip Telephone

Parent(s) or Guardian(s) Name _____
 Address (if different than student) _____
Street City Zip Telephone

Family Physician's Name, Address, Telephone _____
Street City Zip Telephone

History

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

<p>Explain "YES" answers below. Circle questions you don't know the answer to.</p> <p>1. Have you had a medical illness or injury since your last checkup or sports physical? Do you have an ongoing or chronic illness?</p> <p>2. Have you ever been hospitalized overnight? Have you ever had surgery?</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?</p> <p>4. Do you think you are in good health?</p> <p>5. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?</p> <p>6. Have you ever had a rash or hives develop during or after exercise? Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Is there a family history of heart problems in a close relative younger than age 50 (examples are enlarged heart, cardiomyopathy, long QT interval, abnormal EKG, abnormal heart rhythm)? Have you had a severe heart infection (for example, myocarditis or pericarditis)? Is there a family history of Marfan's Syndrome? Has a physician ever denied or restricted your participation in sports for any heart problem?</p> <p>7. Have you ever had a severe viral infection within the last month (for example, mononucleosis)?</p> <p>8. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?</p> <p>9. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner or pinched nerve?</p>	<p>Yes No</p>	<p>10. Have you ever become ill from exercising in the heat?</p> <p>11. Do you cough, wheeze or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment?</p> <p>12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?</p> <p>13. Have you had any problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?</p> <p>14. Have you ever had a sprain, strain or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? <i>if yes, check the appropriate box and explain below</i> <input type="checkbox"/> Head <input type="checkbox"/> Upper Arm <input type="checkbox"/> Hand <input type="checkbox"/> Knee <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Finger <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Ankle <input type="checkbox"/> Chest <input type="checkbox"/> Wrist <input type="checkbox"/> Thigh <input type="checkbox"/> Foot <input type="checkbox"/> Shoulder</p> <p>15. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?</p> <p>16. Do you feel stressed out?</p> <p>17. Record the dates of your most recent immunizations (shots) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____</p> <p>18. FEMALES ONLY When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____</p> <p>19. ALL PARTICIPANTS Explain "Yes" answers here: _____ _____ _____ _____ _____ _____</p>	<p>Yes No</p>
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NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.

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

Modified from the form approved by the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine.

HEMET UNIFIED SCHOOL DISTRICT

Physical Examination

(Please type or print)

Student's Name _____ Birth Date _____
Last First Middle

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
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MEDICAL

Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

Clearance

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

- Not cleared for: _____ Reason: _____
- Recommendations: _____

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 (Note exceptions above).

 Physician's Name and Address (stamp or print)
 If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

 Examiner's Signature Date

 Examiner's Telephone Number

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

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 524).

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 200 D, 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.