

Name			Date of Birth			
Address			Grade Track			
School Last Fall		School Last Spring		Date Entered Ninth Grade		
I am participating in the following sports:	Fall 1: VOLLEYBALL	Nurse	Winter 1	Nurse	Spring 1	Nurse
	Fall 2	Nurse	Winter 2	Nurse	Spring 2	Nurse



CIF LOS ANGELES CITY SECTION CHATSWORTH HIGH SCHOOL

Current School Year

ATHLETE'S ELIGIBILITY INFORMATION AND PARENT'S CONSENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

As a member of a high school team you have many responsibilities. Among them is remaining eligible or reporting your ineligibility immediately should it occur. The Rules and Regulations Governing Interscholastic Athletics states, "If a school plays an ineligible student, knowingly or unknowingly, in any athletic contest involving team sports - all contests in which the student participated must be forfeited; In individual sports - only the points which the student won must be forfeited." Summarized below are the eligibility rules which you must observe:

1. Only students who are amateurs may participate in athletic contests.
2. Students on high school teams become ineligible if they play on "outside" teams, in the same sport, during their high school season of the sport.
3. For the purpose of this rule, outside competition is prohibited from the opening contest (scrimmage) until the final contest of that sport (league, playoff, or state competition) in which that school is involved, both dates inclusive. The prohibition on playing on outside teams applies to school holidays and vacation periods which occur during the season of the sport.
4. To be eligible for an athletic contest a student must be in attendance at school for at least two class hours on the day of the contest exclusive of the lunch hour and the athletic period. A student who is currently enrolled in at least 20 semester periods of work and passed in at least 20 semester periods of work at the completion of the last regular school marking period is scholastically eligible until the completion of the current regular school marking period.
5. The legal residence of a student who represents a high school in athletics must have been in the high school district of that school when registering as an entering student. Any student who registers in a school other than the one in whose district the student legally resides in is ineligible to represent that school in athletics unless attending on a permit which carries athletic privileges or on a Statement of Residence. If a Statement of Residence is on file, a student is ineligible to compete in athletics until 20 weeks of attendance have been completed in the new school.
6. Students who knowingly fail to provide complete and accurate information regarding eligibility to participate in athletics shall be declared ineligible to represent their school in any sport for up to twenty four months following the date of the discovery of the offense.
7. When a bus is furnished to transport athletic teams to contests, only those participants traveling by bus will be eligible to compete. Students assigned to bus travel must return by bus.

Both the applicant student and a parent or guardian must read carefully and sign. If there are any questions, contact the Athletic Director (818) 678 - 3400 or the Administrator in Charge of Athletics at (818) 678 - 3400.

PLEASE SIGN THE FOLLOWING AFFIRMATION: I am aware of my responsibilities and the regulations governing my participation in connection with the Interscholastic Athletic program. I will so govern myself that my association with the program will bring honor to it and my school, and I shall expect to be asked to withdraw from the activity in case I fail to do so. I agree to withdraw from the activity if requested to do so. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my being declared ineligible.

PLEASE SIGN THE FOLLOWING AFFIRMATION: I hereby grant permission for the above named student - athlete to participate in interscholastic baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track and field, volleyball, wrestling, cheer, dance team, drill team, and marching band including travel to and from athletic contests at other schools or locations. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my student-athlete being declared ineligible.

Student-Athlete Signature	Date

Parent Signature	Date

ATHLETIC INSURANCE CERTIFICATE

The governing board of each school district of any kind or class shall provide insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least five thousand dollars (\$5000) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code, for injury to members of athletic teams arising while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other places of instruction and the place of the athletic event. *Calif. Ed. Code, Vol I, Part 19, Chapter 2, Article 3, Section 32221 (pgs. 1004, 1005, 1006), Revised 1979. Amended 1980.* Five thousand dollars (\$5000) insurance protection for medical and hospital expenses resulting from accidental bodily injuries must be provided for each member of an athletic team by the student or his/her parents or guardians through group, blanket policies, etc., or through the insurance carrier for the District. **I certify that this student has at least five thousand dollars (\$5000) protection for medical and hospital expenses with**

Name of Insurance Carrier (A valid copy of the Insurance Card must be attached to this form.)	Policy or Group Number

to cover injuries incurred while participating in, practicing for, or traveling to and from extramural contests. I understand that the insurance requirement may be met by purchase of school District approved insurance coverage. **I have read and understand the rules above. I hereby grant permission for my son/daughter to participate in interscholastic athletics under these rules.**

Parent Signature	Date

Name	Date of Birth	Attach a valid copy of your Insurance Card Here
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ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT, ATHLETIC PARTICIPATION CODE OF CONDUCT, AND STEROID PROHIBITION FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

Trustworthiness - be worthy of trust in all I do.
Integrity - live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.
Honesty - live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike act.
Reliability - fulfill commitments; do what I say I will do; be on time to practices and games.
Loyalty - be loyal to my school and team; put the team above personal glory.

CARING

Concern for others - demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
Teammates - help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

Play by the Rules - maintain a thorough knowledge of and abide by all applicable game and competition rules.
Spirit of Rules - honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

RESPONSIBILITY

Importance of Education - be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
Role-Modeling - Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.
Suspension or termination of the participation privilege is within the sole discretion of the school administration.
Self-Control - exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
Healthy Lifestyle - safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
Integrity of the Game - protect the integrity of the game; don't gamble. Play the game according to the rules.

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, as well as obeying such instructions. **I have read and understand the requirements of this Code of Conduct, I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.**



FAIRNESS

Be Fair - live up to high standards of fair play; be open-minded; always be willing to listen and learn.

RESPECT

Respect - treat all people with respect all the time and require the same of other student-athletes.
Class - live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, 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 or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
Respect Officials - treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic contest.

CIF BYLAW 524 / STEROID PROHIBITION

By signing below, both the participating student-athlete and their parent(s) or legal guardian(s) / caregiver(s) hereby 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 (AMA)) to treat a medical condition. We also recognize that under CIF Bylaw 200.D. there could be penalties for false or fraudulent information. We also understand that the CIF Los Angeles City Section policy regarding the use of illegal drugs will be enforced for any violations of these rules.

ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION

We are aware that play/participation in any sport can be a dangerous activity involving many risks of injury. We understand that the risks and dangers include, but are not limited to, death or paralysis, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. We understand that the dangers and risks of participating in sport(s) also include the high cost of medical care and impairment of the athlete's future ability to earn a living, and engage in other business, social, and recreational activities. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at **Chatsworth High School.**

Student-Athlete Signature	Date	Parent Signature	Date



CIF LOS ANGELES CITY SECTION

CIF BYLAW 524/STEROID PROHIBITION USE FORM

Print Name of Student-Athlete

Birthdate

CHATSWORTH HS

School

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 (Bylaw 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 also recognize that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the CIF Los Angeles City Section/Los Angeles Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Athlete

Date

Signature of Parent/Caregiver

Date

This Form must be part of the Athlete's packet



Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program.

1. Name of Pupil (please print) [] 2. Birthdate (please print) []
3. Name of Parent (please print) []

- a. I, as a parent of guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian [] 5. Date Signed []
6. Address (Number, Street, Apartment Number) []
7. City [] 8. State [] 9. Zip Code []
10. Telephone []

Granting of permission is voluntary. Please return completed form to school.

11. Principal []

12. School []

Approved as to form by the Office of the General Counsel.

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information

Los Angeles Unified School District Preparticipation Physical Evaluation

Date of Exam: _____

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Student's Name: _____	Sex: _____	Age: _____	Date of Birth: _____
Grade: _____	School: _____	Sport(s): _____	
Address: _____		Phone: _____	
Personal Physician/Provider: _____			
In case of emergency, contact: Name: _____ Relationship: _____			
Phone (H): _____ (W): _____		(Cell): _____ (Cell): _____	

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.

	Yes	No		Yes	No
1. Do you think you are in good health?	<input type="checkbox"/>	<input type="checkbox"/>	25. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	26. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever told you that you have (circle all that apply): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever ordered a test for your heart (for example, ECG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>	35. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
Head Neck Shoulder Upper Arm Elbow Chest Hand/Fingers Forearm			45. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
Ankle Foot/Toes Upper Back Lower Back Hip Thigh Knee Calf/Shin			46. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
23. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	48. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	49. How old were you when you had your first menstrual period?		
			50. How many period have you had in the last 12 months?		

Explain "Yes" Answers Here: (Attach additional sheets as needed)

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature: _____
(Athlete)

Signature: _____
(Parent or Guardian)

Date: _____

Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

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Student's Name: _____ DOB: _____
 Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP _____ / _____, (_____ / _____, _____ / _____)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

EMERGENCY INFORMATION

Allergies: _____
 Other Information: _____

MEDICAL	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/ Ears/ Nose/ Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

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

*Multiple-examiner set-up only.

Notes: _____

Clearance

Cleared without restriction
 Cleared, with recommendations for further evaluation or treatment for: _____

Not cleared for: All Sports Certain Sports:

Name of Physician/ Provider: (print/ type/ stamp) _____ (MD, DO, NP or PA) Date: _____

Address: _____ Phone: _____

Signature of Physician/ Provider: _____