



19251 Dodge Avenue – Santa Ana, California 92705 – 714-730-7472

PARENT - STUDENT VERIFICATION OF ATHLETIC POLICY

Dear Parents:

Your son/daughter has indicated a desire to compete in Interscholastic Athletics at Foothill High School. Interscholastic Athletics is an integral part of the educational program and compliments the academics by providing an opportunity for young men and women to become responsible citizens in their home, school, and community. Athletics provides recognition and achievement that would, perhaps not be possible elsewhere in school life. It provides a healthy outlet for certain needs and serves, too, as a focal point for school and community identity.

The decision on his/her part involves certain risks, responsibilities and obligations. Please take the time to read carefully with your son/daughter all the forms included in this packet. ***You should keep the copy of the TUSD Code of Conduct for Co-Curricular and Extra-Curricular Participation (White) for future reference.***

Prior to tryout or participation, athletes must provide:

- ◆ Physical form signed by the parent/guardian and a doctor. (Blue Form)
- ◆ Athletic Clearance Form (Buff) ***Student and Parent must Sign EIGHT (8) times*** . . . which includes Verification of Insurance, Transportation Permission, Assumption of Risk, Authorization to Treat, Off Campus Permit, TUSD Code of Code Acknowledgement, Prohibit use of Steroids and the CIF Athletic Code of Ethics (You must notify the Athletic Director if a change occurs in your insurance coverage).

We urge support of our Interscholastic Athletic Program at Foothill High School and hope you will be able to attend many of the contests this year. Please feel free to contact us at anytime regarding your son/daughter and his/her welfare. Information on schedules, directions to contest, can be found out **Foothillhigh.org**.

Sincerely,

Vince Brown
Athletic Director

Preparticipation Physical Evaluation

HISTORY FORM

DATE OF EXAM _____

Name _____	Sex _____	Age _____	Date of birth _____
Grade _____ School _____		Sport(s) _____	
Address _____		Phone _____	
Personal physician _____			
<i>In case of emergency, contact:</i>			
Name _____		Relationship _____	
Phone (H) _____		(W) _____	

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. 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"/>	25. 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) medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27. 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. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. 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 AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High blood pressure			33. Have you every had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol			34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A heart murmur			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A heart infection			36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	38. 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"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
19. 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"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes

20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>

FEMALES ONLY

47. Have you ever had a menstrual period?

48. How old were you when you had your first menstrual period? _____

49. How many periods have you had in the last 12 months? _____

Explain "Yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
 Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, _____ / _____)

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

Follow-Up Questions on More Sensitive Issues

	Yes	No
1. Do you feel stressed out or under a lot of pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel safe?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?	<input type="checkbox"/>	<input type="checkbox"/>
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past 30 days, have you had a least 1 drink of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever taken steroid pills or shots without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>
9. Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc.	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (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.

*Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date: _____

Address _____ Phone: _____

Signature of physician _____, MD or DO

Tustin Unified School District

Administrative Regulations

<i>Regulation 5131.6</i>

Students

CODE OF CONDUCT FOR CO-CURRICULAR AND EXTRA-CURRICULAR PARTICIPATION

Each high school takes a vital interest in co-curricular and extra-curricular participation in athletics, student council, band, orchestra, cheerleading, drama, dance team, choral groups and clubs by promoting fair discipline as well as responsible standards of behavior, dress, and grooming. It is recognized that these regulations are necessary to maintain team/club/group morale, individual discipline and effective learning. Participation in co-curricular and extra-curricular activities is a privilege, not a right, and may be revoked by the principal/designee whenever a student violates this regulation.

This Administrative Regulation is the expression of the minimum standard for the code of conduct of participants in co-curricular and extra-curricular activities. As such, an individual school site, activity, or program is not prohibited from establishing a higher standard of conduct as long as the participant in the activity is aware of, and consented to, that higher standard as a requirement for participation.

Tustin Unified School District co-curricular and extra-curricular student participants must be good citizens. As defined in this Administrative Regulation, "participant" means a student who has either enrolled or attended at least one meeting of a student club or activity.

Citizenship

1. Student participation in activities requires good citizenship. Any student who verbally, or through gestures, communicates profanity to an opponent, official, or fans will be evaluated for disciplinary action.
2. Infractions involving hazing or other serious violations of the Education Code can carry a penalty of suspension from the activity and restricted participation in school activities. The principal/designee(s) will review the infractions. The response to the incident may include, but is not limited to, the following:
 - a. First Offense – Suspension from 1 to 10 days of participation
 - b. Second Offense – Suspension from 1 to 15 days of participation
 - c. Third Offense – Suspension from the activity for up to one year
3. Infractions of a less serious nature may result in a student being suspended from an activity directly by the coach/teacher/advisor. If a coach/teacher/advisor suspends a participant for more than one day the coach/teacher/advisor must contact the principal/athletic director/activities director/designee as well as the student's parents.
4. Discipline problems arising within the domain of the activity and/or contest are to be handled at the coach's/teacher's/advisor's discretion. Parents/guardians/caregivers will be informed at the earliest time possible.

Alcohol/Narcotics

Any student in the Tustin Unified School District who possesses, uses, transports, or is under the influence of any controlled substance, alcoholic beverage, intoxicant of any kind, or who possesses or sells any drug paraphernalia shall be subject to suspension and/or expulsion from the school and activity.

Any student, who sells or provides a controlled substance or intoxicant of any kind shall immediately be suspended and shall be recommend for expulsion.

The above provisions apply to related school activities, or attendance at such activities, which occur at any time, including but not limited to, any of the following:

- While on school grounds
- While going to or coming home from school
- During lunch period on or off campus
- During or while going to or coming from a school sponsored activity.

Any student who violates the District's Drug and Alcohol Policy shall be ineligible to represent their school in competition for ten consecutive regular school weeks, excluding summer break (recess), in any co-curricular or extra-curricular programs.

The ramifications for violation of this code of conduct policy do not preclude the ability of the school site or District to impose discipline, including involuntary transfer, suspension, or expulsion.

Participant Dismissal and Abandonment

1. A participant dismissed from any team will be removed from the appropriate co-/extra-curricular class.
2. Abandonment of an activity precludes the participant from participating in another activity for the period of time the abandoned activity is in season. A participant "abandons" an activity when the participant departs without the knowledge or permission of the coach/teacher/advisor.

Scholastic Eligibility (6-12)

1. District Policy 6145
 - a. In order to be eligible for co-curricular or extra-curricular activities, a student shall maintain a 2.0 grade point average (GPA) during the preceding grading period.
 - b. A student who does not maintain a 2.0 GPA shall be placed on probation for the following grading period, the student shall continue to be eligible, providing he/she maintains a satisfactory attendance (three hours a week) in a designated tutorial class.
 - c. If the student does not maintain satisfactory attendance in the tutorial class, he/she will be declared ineligible. If, at the end of the probationary grading period the student has not achieved a 2.0 GPA, he/she shall be ineligible for the following grading period.
 - d. Two or more "U's" in citizenship from two or more separate teachers will result in a student being ineligible for co-curricular or extra-curricular activities for the remainder of that grading period.

Equipment and Financial Obligations

1. Each participant is responsible for the use and care of the equipment issued to him/her.
2. Any participant who does not return or pay for all school equipment issued to him/her immediately at the close of each sport season or activity will not be issued any further equipment and will not be allowed to report to another activity until the debt is cleared.
3. Each student participant is responsible for the Transportation Fee at the beginning of each season of activity.

Security Procedures for Personal Property

1. It is highly recommended that the utmost care be taken in securing student equipment and personal articles. **The school does not assume responsibility for the loss of items.**

General Athletic Information

1. Participants must be in attendance for at least four periods the day of the contest. Unexcused absences may result in a one-day suspension from participation in the activity. Failure to attend four classes will subject the student to a one-contest suspension on that day. There is an expectation that participants will not have any unexcused absences from school on the day of the event or activity.
2. Contest:
 - a. The appointed coach shall be in charge of the team before, during, and after the athletic contest.
 - b. Game time and location shall be arranged so that participants miss a minimum amount of their class work. It is the responsibility of each participant to make up all missed assignments.
3. Overflow Class:
 - a. After the season is complete, participants may be placed in the Overflow Class ("0" period) or a regular physical education class to fulfill the physical education requirement.
4. Transportation:
 - a. The usual means of transportation to athletic contests is by school bus. Occasionally other means of transportation will be authorized, but only when specifically approved in advance.
 - b. All participants must travel to contests by school bus or other authorized transportation. Participants arriving at contests by other means will be denied the privilege of participation.
 - c. All students participating in field trips or competitive events shall return with the group unless released by the coach, using a verified signature log, to the student's parents/guardians/caregivers. (See, TUSD Regulation 6174.)
5. **California Interscholastic Federation – Southern Section ("CIF") – Code of Ethics**

The CIF Southern Section publishes a "Code of Ethics for Athletes" each year that is part of its constitution and bylaws (Blue Book). The current CIF Code of Ethics for Athletes is attached and incorporated by reference into this Administrative Regulation each year thereafter. (Page 5)

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 _____

Signature of _____

Signature of _____

You do not need to sign this page, when you sign #4 on the Athletic Clearance Form it states, **“We have read the CIF Athlete Code of Ethics and agree to comply with all policies and responsibilities.”** Please keep this and the ENTIRE TUSD Code of Conduct for your records.

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.