



PHYSICAL PACKET

Dear Parent/Guardian:

The California Education code requires that athletes, cheerleaders, song leaders, scorekeepers, managers, statisticians, and any other students involved in the operation of athletic contests must have medical and accident insurance coverage. This includes band members at home football games, for example.

John Swett High School does not provide this coverage for students. We believe that nearly all students are adequately protected through the insurance coverage of their parents, and we hope this is true for you.

The Code requires protection for medical and hospital expenses in one of the following amounts.

- a) Group or individual medical plan with accidental benefits of at least \$2000 for each occurrence and major medical coverage of at least \$10,000 with no more than \$100 deductible and no less than 80% payable for each occurrence.
- b) Group or individual medical plans certified by the Insurance Commissioner to be equivalent to the required of at least \$1,500.
- c) At least \$1,500 for all such medical and hospital expenses.

We have information on low-cost insurance which may be purchased by students to provide coverage during the period of participation. We will send this if you notify us of your interest.

If your son and/or daughter plan to participate in any of the ways described above, you must submit the attached forms and send them to the students; activities office at John Swett. We must be certain that the required insurance protection is in effect before any student is allowed to begin athletics participation.

If you do not have the required insurance, your student will not be allowed to participate. If you have any questions you may contact the Athletic Director. Thank you for your support in this very important matter. Your student's safety and well being are our priorities.

- *John Swett High School Administration*

Statement Concerning Required Insurance Coverage

Parent/Guardian to complete

I certify that I possess valid medical and accidental insurance coverage for:

Student's Name _____

Activity/Sport(s) _____

Position _____
(i.e player, cheerleader, band participant, etc)

In one of the following amounts: (Education Code Section 32221)

- a. Group individual medical plan with accidental benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000 with no more than \$100 deductible and no less than 80% payable for each occurrence.
- b. Group or individual medical plans certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500.
- c. At least \$1,500 for all such medical and hospital expenses.

I agree to maintain this level of medical and accident coverage throughout the period of my child participation in the athletic program at John Swett High School, and I agree to notify the school immediately should the required insurance be canceled or allowed to lapse.

Further, I understand that John Swett High School carries no medical or accidental insurance for students, and therefore cannot pay expenses on behalf of students who participate, in any capacity, in the John Swett High School athletic program.

Insurance Company _____

Policy # _____

Date of Expiration (if any) _____

Parent/Guardian Signature _____ Date _____

Student Information

Student's Name _____ DOB _____

Address _____

Phone # _____

Emergency Data _____

(Person to be contacted in case of emergency)

Phone # _____

Insurance Information and Parent's Informed Consent

Parent/Guardian to complete:

I hereby give my consent for the above named-student to compete in interscholastic sports and supervised by a representative of the school authorized athletic trips. In case this student becomes ill or injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. I realize that there is a risk of injury that is inherent in all sports. I realize the risk or injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

Parent/Guardian Signature _____ Date _____

Insurance Information

Health Plan _____

Group # _____ Coverage _____

Other Information (medical allergies, etc) _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

- | | |
|--|---|
| <ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly | <ul style="list-style-type: none">• Slurred speech• Shows a change in personality or way of acting• Can't recall events before or after the injury• Seizures or "has a fit"• Any change in typical behavior or personality• Passes out |
|--|---|

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or throws up• Neck pain• Has trouble standing or walking• Blurred, double, or fuzzy vision• Bothered by light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Loss of memory• "Don't feel right"• Tired or low energy• Sadness• Nervousness or feeling on edge• Irritability• More emotional• Confused• Concentration or memory problems• Repeating the same question/comment |
|--|--|

What is Return to Learn?

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before **returning to competition**. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]*

Final Thoughts for Parents and Guardians:

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Berlin, October 2016
- <https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html>
- <https://www.cdc.gov/headsup/youthsports/index.html>



CIF GRADED CONCUSSION SYMPTOM CHECKLIST



Today's Date: _____ Time: _____ Hours of Sleep: _____ Date of Injury: _____ Date of Diagnosis: _____

- **Grade the 22 symptoms with a score of 0 through 6.**
 - *Note that these symptoms may not all be related to a concussion.*
- **You can fill this out at the beginning of the season as a baseline (after a good night's sleep).**
- **If you suspect that you have a concussion, use this checklist to record your symptoms.**
- **You can track your symptoms as you recover.**
 - *There is no scale to which to compare your total score; your score is individualized to you.*
- **Show your baseline (if available) and any follow-up checklists to your physician.**

Baseline Score
 Post Concussion Score

	None	Mild	Moderate	Severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional than usual	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
TOTAL SUM OF EACH COLUMN	0						
TOTAL SYMPTOM SCORE <i>(Sum of all column totals)</i>							

NAME _____ **HIGH SCHOOL** _____
D.O.B. _____ **SPORT** _____ **PHYSICIAN (MD/DO)** _____

Letter to Student-Athletes

Student athletes who are good sports are positive role models within our school and the community at-large. A good sport knows that athletic competition builds character and shapes lifetime attitudes. You, in turn, experience additional educational leadership benefits that come from participation in sports.

Integrity, fairness, and respect are inherent principles of good sportsmanship. With them the spirit of competition thrives, fueled by honest rivalry, courteous relations and graceful acceptance of the results.

As an athlete at our school, your sportsmanship goals should include:

- Developing a sense of dignity under all circumstances;
- Respecting the rules of the games, the officials who administer the rules, and their decisions;
- Respecting opponents as fellow students; and acknowledging them for striving to do their best while you seek your best at the same time;
- Refraining from engaging in all types of disrespectful behavior, specifically taunting, trash talk, and other forms of intimidation;
- Looking at athletic participation as a potentially beneficial learning experience, whether you win or lose; and
- Educating other students and fans to understand the rules of the game, and the value of sportsmanship.

These and other expectations are included in the attached guidelines which we hope you will take a few moments to review. They give us a roadmap to follow toward a more educational atmosphere for interscholastic athletics.

You are the spokesperson for our school when you represent us in athletic competition. Your actions are viewed by family and friends, opposing fans, the local community and the media. Your display of good sportsmanship will show the most positive things about your and our school; and, hopefully, remind us all that, in the end, sports are meant to be fun.

We hope the upcoming season is a rewarding one for you.

John Swett High School Administration

What You Can Do

- Accept seriously the responsibility and privilege of representing the school and community.
- Live up to the standards of sportsmanship established by the school administration and the coaching staff.
- Treat opponents with the respect that is due them as guests and fellow humans.
- Exercise self-control at all times, accepting decisions and abiding by them.
- Respect the judgment of the officials and their interpretations of the rules. Never argue or make gestures indicating dislike for a decision. The officials are doing their best to help promote you and your sport.
- Only the captain should communicate with the officials regarding the clarification of a ruling.
- Refrain from making any kind of derogatory remarks to your opponents during the game especially comments of ethnic, racial or sexual nature.
- Accept both victory and defeat with pride and compassion, never being boastful or bitter.
- Congratulate the opponents in a sincere manner following either victory or defeat.
- Cooperate with the coach and fellow athletes in trying to promote sportsmanship.
- Win with humility; lose with grace. Do both with dignity.
- Welcome the opportunity to discuss the rules and strategies of the contest with parents and friends so they can better understand and appreciate the finer points of the game.

What can I do to maintain good sportsmanship?

BEFORE THE GAME

- Learn the rules
- Practice and live positive character development as outlined by your parent(s), coaches or other educators.

DURING THE GAME

- Never gesture to officials, contestants, coaches or the fans in a negative manner.
- Never disagree openly with an official's or coach's decision. Carry on ethically and maturely regardless of your feelings.
- Extend congratulations to an opponent when he/she leaves the contest.

AFTER THE GAME

- Make every effort to congratulate your opponent at the conclusion of the contest.
- Never debate something that occurred during the contest with anyone.
- Be objective when communicating with the media about the contest. Don't be controlled by your emotions.
- Show concern for injured opponents and teammates.
- Promote sportsmanship during your athletic/activity experience whenever and wherever the opportunity arises.

John Swett High School Athletic Contract

Bill of Rights

Every high school athlete who competes in our interscholastic athletic program is afforded the right to:

- Try-out for any athletic team within the legal parameters of the California Interscholastic Federation (CIF), North Coast Section and league rules.
- Be instructed by a coach who places the athlete first, the team second, the coach third and winning fourth.
- Be able to use athletic participation as an opportunity to “try-out” life free of adult-imposed pressure to be a winner.
- Have equal access to practice and competition in all school athletic facilities.
- Participate in a Fall, Winter and Spring sports without pressure from out-of season coaches.
- Voice opinions openly to the coach without fear of repercussion.
- Report any physical pain to the coach and parents without fear of reprisal and loss of self-esteem.
- Be provided with safe equipment essential to the playing of the game.
- Be coached by those who have been trained or made aware of the various stages of emotional and psychological development in young people and to be treated on a level equivalent to his/her emotional and physical maturity.
- Be properly supervised at all practices and contests.
- Be treated with respect by all involved with the school athletic program.

IN RETURN FOR THE FOLLOWING:

1. A chance to try out for a team during the scheduled try-out period.
2. To attend trips, home games and scrimmages scheduled for team members of the sport.
3. A uniform, in which to compete.
4. An opportunity to earn an award on a competitive basis as a member of the Associated Student Body.
5. The prestige of being an athlete representing John Swett High School.

I, _____ contract my athletic services and abilities as follows:

1. To work diligently to maintain good grades throughout the season. I understand that academics are the number one concern of my high school experiences.
2. To be responsible for completing my physical examination and insurance forms as required.
3. To compete with all my courage, ability, and stamina.
4. To be enthusiastic, cooperative, and obedient in completing assigned workouts.
5. To develop my talent to its limit by hard training and self-discipline.
6. Abide by rules and regulations set forth in the Athletic Code.
7. To return all equipment and, if lost or not returned, pay for this equipment.
8. To represent John Swett High School in a positive, sportsmanlike manner.

ATHLETE'S SIGNATURE _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE:** _____

STUDENT INFORMATION NEEDED: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

John Swett High School Athletic Code

The primary purpose of the athletic program in John Swett Unified School District is to promote the physical, mental, social, emotional, and moral well being of the participants. It is hoped that interscholastic athletics in our school will be a positive influence and a vital enrichment of a students total education.

The athletic program is an important and integral part of the total school program and is open to participation by all students regardless of individual differences, through voluntary participation: the athlete gives time, energy, and loyalty to the program. He/she also accepts the training rules, regulation, and responsibilities, which are unique to an athletic program. In order to contribute to the welfare of the group, the athlete must willingly assume these obligations, as the roll demands that the individual makes sacrifices not required of other students.

In addition to the "Disciplinary Regulations for John Swett High School" and other rules and regulations incorporated within the Student Handbook yearly, athletic program participants are also governed by the John Swett Athletic Code.

I. General Regulations

A. California Interscholastic Federation rules must be followed in all cases.

B. Any civil law infraction or misconduct by a student athlete may result in suspension from school, sport, or both.

C. Athletes must travel to and from contests, away from John Swett High, by approved transportation. The only exception is an injury to a participant which would require alternate transportation known to the head coach.

1. Due to COVID restrictions, players may only travel with immediate family. Players living at different addresses may not travel together.
2. Under no circumstances are players allowed to drive themselves to an athletic contest.

D. Athletes are representatives of the team and school. They will conduct themselves in a manner, both on and off the field that brings credit to the team and school.

E. To receive any athletic award from Associated Student Body funds, the student must have purchased a current Student Body Card and completed the season in good standing.

II. School Attendance Requirements and Due Process Rights of Student Athletes

- A. A student must attend school a minimum of four periods in order to participate in an activity.
- B. A student who has been injured and has had medical treatment cannot participate again until the date indicated by the student's doctor.
- C. Unexcused absences and/or cuts can result in suspension from athletic contests.
- D. If a student/athlete is found under the influence, selling, or possessing illegal drugs/alcohol the player will be suspended and may be removed from the team.
- E. Excessive referrals and tardies may result in partial or complete suspension of one or more games/matches.
- F. A missed practice without prior approval by the Head Coach may result in a one game suspension.
- G. Any school suspension **will** result in a one game suspension. This means that if a student is suspended from school the week of a scheduled contest, he/she **WILL NOT** be allowed to participate or attend the following contest. In addition, players cannot participate in any practices while they are suspended from school.
- H. Before any "suspension" provided for under these rules shall take effect, the student shall be verbally advised by the Administrator of the alleged violation and the student will have the opportunity to explain or justify the absence or situation.
- I. The rules and regulations in this code shall apply to any violation(s), on or off school premises during the season of participation.
- J. Students must maintain a **2.0 G.P.A or higher each quarter** to be eligible to participate in all extracurricular activities. Those earning less than a 2.0 G.P.A at the quarter will be declared ineligible. Students who receive more than two Fs, Incompletes, or No Marks at the end of a quarter will also become ineligible, and will not be eligible for academic probation regardless of G.P.A.

John Swett High School Ejection Policy

The following is a partial summary of rules and minimum penalties applicable to players as adopted by the NCS Board of Managers. This policy will be in effect beginning with the 2020-21 school year. (and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc).

1. Ejection of a player from a scrimmage:

Penalty: The player must complete the NFHS Sportsmanship course prior to the next contest.

2. Ejection of a player from a contest:

Penalty: A player ejected from a contest for violation of a NFHS or sports governing body rule (other than assaultive behavior/fighting or leaving the bench area during a fight) shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff). **A second ejection will result in a three game suspension and a third ejection shall make the player ineligible for the remainder of the season.** If the ejection is for unsportsmanlike conduct, the player must also complete the NFHS online Sportsmanship course.

3. Ejection of a player from a contest for assaultive behavior/fighting or leaving the bench area:

Penalty: A player ejected from a contest for these reasons is ineligible for the school's next three contests. In addition, the player shall complete the online NFHS Sportsmanship course. The player may not participate until the course has been completed. The player must also meet with the school principal to discuss future behavioral expectations and complete the NCS Return to Competition Form.

4. Second ejection of a player from a contest for assaultive behavior/fighting or leaving the bench area:

Penalty: The player shall be ineligible for the remainder of the season.

5. When one or more players leave the bench to begin or participate in an altercation.

Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for three contests (nonleague, league, invitational tournament, post-season {league, section or state} playoff). **The school, league or NCS may use electronic video to identify players who have left the bench area to begin or participate in an altercation. This identification may be made after the jurisdiction of the game officials has ended and such identified players are subject to the penalties set forth in #3 and #4 above.**

6. Ejection of a player in the last contest of the season:

Penalty: The player will be held out of the number of contests required by the type of ejection in the same sport in the following year. If the player is a graduating senior, the player must sit out the required number of contests in the next season of sport in which they participate. If the ejection is for an offense that requires completion of the NFHS Sportsmanship course, the course must be completed within 10 school days. Sub-varsity players may not be moved to the varsity level for post-season competition.

7. Physical Assault of an Official:

Penalty: A player alleged to have physically assaulted an official shall be ineligible to participate in or attend any contests until the investigation has been completed and the NCS Commissioner of Athletics has accepted the results and recommendation of the school's investigation.

