

TOMALES HIGH SCHOOL

ATHLETIC PACKET

2013-2014

STUDENT NAME; _____ GRADE: _____

PLEASE CHECK THAT THE FOLLOWING ITEMS ARE INCLUDED
AND HAVE BEEN SIGNED IF APPLICABLE.

- STUDENT ATHLETE LETTER
- HEALTH STATEMENT AND PARENTS CONSENT - COMPLETED BY PHYSICIAN
- VOLUNTARY ACTIVITIES PARTICIPATION FORM
- ACTIVITIES CODE OF CONDUCT CONTRACT
- EXTRA-CURRICULAR DRUG, ALCOHOL & TOBACCO CONTRACT
- ANABOLIC STEROID CONTRACT
- EJECTION POLICY
- EMERGENCY INSTRUCTIONS
- CONCUSSION FORM
- COACHES COPY - PLEASE FILL OUT COMPLETELY

Please return this completed packet to the THS office.

Athletes will not be allowed to practice until all forms are on file.

Dear Prospective Student Athlete:

The following information must be completed and turned in to the office before being able to participate (including practice) in any sport. Only one athletic packet will be required for the 2013-14 school year. PLEASE DO NOT TAKE THIS PACKET APART.

- All athletes must submit **proof of insurance** in order to participate. (see Health Statement and Parent Consent form)
- Physicals are required yearly by the State of California and must be performed by a doctor or nurse practitioner. A signature is required by the healthcare professional
- Include all emergency information and insurance company name and policy number
- Please check over all pages to insure all parent and student signatures have been completed.

PHYSICALS

The Point Reyes Clinic offers Physical Exams, including Saturday appointments. Please contact them directly at (415) 663-8666 to schedule an appointment. Physical exams are provided to Kaiser and private insurance patients and are also free for the uninsured

children up to age 19 who are low income patients. **(Eligibility is based on income that is 200% of the Federal Poverty Level) Our CAA, Silvana Castro is available Monday through Friday to help with this application process. Immunizations: Please bring your immunization records, if available. If there is a need to update these vaccines we are in need of parental authorization to administer them (OK TO UPDATE!)**

PRACTICE START DATES*

- Football practice starts Monday, August 12
- Soccer practice starts Tuesday, August 12
- Volleyball practice starts Monday, August 19
- Basketball practice starts Monday, November 11
- *OR AS DETERMINED BY THE COACH

GO BRAVES

Sincerely

Chris Helfer
Athletic Director
Tomales High School

HEALTH STATEMENT AND PARENT'S CONSENT

PHYSICIAN TO COMPLETE

Student's Name _____
Last First Middle Initial

Is there any medical or physical condition(s) that should be watched?

If so please list _____

I hereby certify that the above named student is physically fit to participate in sports.

Signature of physician or nurse practitioner Date

Print name of Physician/Nurse _____ State License # _____

Please attach any medical forms to this page.

PARENT TO COMPLETE: VERIFICATION OF INSURANCE FOR ATHLETE

Please list the company name, policy number and local claims address and **attach a copy of the insurance card**. *If your student has the Myers-Stevens & Toohey school accident and health insurance coverage please indicate that on the back of this form.*

Company Name Policy Number

Claims Office Address

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips.

I will promptly notify the school in the event that this insurance coverage no longer applies to my son/daughter.

Parent/Guardian Signature Date

Address _____

Phone number _____ Cell number _____

This form is to be filed in the school office.

**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK
2013-2014**

I authorize my son/daughter _____

To participate in the District-sponsored activities please circle all sports to be played

FOOTBALL VOLLEYBALL SOCCER CHEERLEADING

BASKETBALL BASEBALL SOFTBALL GOLF TENNIS

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

Tomales High School considers cheerleaders, team members and any other group representing Tomales High School in athletics or any other school event a part of the activities program and requires that they abide by the Activities Code of Conduct and the Extra-Curricular Drug and Alcohol Policy.

I am a representative of the school in the same manner as when I attend school. My actions while away from school may be reviewed and could result in suspension from school by the Principal, Superintendent and/or the Board of Trustees.

I will assume responsibility for equipment and for damages caused by me and agree to pay for any loss or damage.

I will give my consent to release my address to the Booster Club for information regarding athletics.

I understand the Activities Code of Conduct contract and its implications. I also understand that if I fail to uphold the provisions set forth in the Code of Conduct my privilege to participate as a cheerleader, team member or with any other group representing Tomales High School can be revoked.

- Please indicate participating sport(s) -

FALL: FOOTBALL VOLLEYBALL SOCCER CHEER (season 1)

WINTER: BASKETBALL CHEER (season 2)

SPRING: BASEBALL SOFTBALL GOLF TENNIS

Student Signature

Date

I understand the provisions set forth in the Athletic Code and the Extra-Curricular Drug and Alcohol Policy and

support it fully.

Parent Signature

Date

TOMALES HIGH SCHOOL

EXTRA-CURRICULAR DRUG, ALCOHOL & TOBACCO POLICY CONTRACT

2013-2014

Student's Name _____

As advisor of this activity, I am aware that those I supervise cannot perform at their best while using drugs, alcohol or any tobacco product at any time. Therefore, I expect that during the term of this activity, those I supervise will not use or possess alcohol, any tobacco products or drugs (unless legally prescribed). I also accept my role as one who must confront student alcohol/drug/tobacco use and refer to appropriate school resources.

Coaches Signature

Date

As parent/guardian of this student, I understand the District Administration Regulation provides that my child must remain alcohol/drug/tobacco free during the term of this activity in order to participate fully in this activity.

Parent/Guardian Signature

Date

As student/participant in this activity, I understand the school and district policy regarding alcohol/drug/tobacco use. This policy prohibits me from using or possessing alcohol, tobacco products or drugs (unless legally prescribed) at **ANY** time during the term of this activity on or off campus.

Student/Participant Signature

Date

**TOMALES HIGH SCHOOL
ANABOLIC STEROID CONTRACT
2013-2014**

Student Name: _____

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 Tomales High School/shoreline Unified School District's policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Student Signature

Date

Parent/Guardian Signature

Date

ATHLETE EJECTION POLICY NOTIFICATION FORM
(NORTH COAST SECTION EJECTION POLICY)
2013-2014

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 25, 1995. This policy will be in effect beginning with the 1995-96 school year, and will include non-league, league, invitational tournaments/events, post-season {league, section or state} playoff, etc.

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.

Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.

2. Illegal participation in the next contest by a player ejected in a previous contest.

Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.

3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.

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

4. 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 the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.

I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.

Student Signature

Date

Parent/Guardian Signature

Date

Athletic Director Signature

Date

Please circle participating sports

FOOTBALL VOLLEYBALL SOCCER CHEERLEADING

BASKETBALL BASEBALL SOFTBALL GOLF TENNIS

These signed policy statements are to be maintained at each school. An Ejection Policy Notification Form is to be filed, according to league policy, either with the league commissioner or with the North Coast Section TOMALES HIGH SCHOOL

**TOMALES HIGH SCHOOL
Concussion Information**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none"> • Appears dazed

- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

TOMALES HIGH SCHOOL

Concussion Information

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

TOMALES HIGH SCHOOL

Información acerca de las concusiones cerebrales

Una concusión es una herida cerebral y todas las heridas cerebrales son graves. Dichas heridas son causadas por un golpe ligero, un golpe fuerte a la cabeza, un movimiento repentino de la cabeza o por un golpe fuerte a otra parte del cuerpo con fuerza que se transmite a la cabeza. Las heridas varían entre ligeras o graves y pueden interrumpir la manera en la que el cerebro funciona. Aunque la mayoría de las concusiones cerebrales son ligeras, **todas las concusiones cerebrales tienen el potencial de ser graves y si no se reconocen y tratan correctamente podrían tener como resultado complicaciones incluyendo daño cerebral prolongado o la muerte.** Eso quiere decir que cualquier “golpecito” a la cabeza podría ser grave. Las concusiones cerebrales no son visibles y en su mayoría las concusiones cerebrales que ocurren durante los deportes no ocasionan la pérdida de conciencia. Las señales y síntomas de una concusión cerebral podrían aparecer inmediatamente después de una herida o después de horas o días. Si su hijo(a) reporta cualquier síntoma de una concusión cerebral, o si se da cuenta de los síntomas de una concusión cerebral, por favor consiga atención médica sin demora.

Los siguientes son algunos de los síntomas de una concusión:

- | | |
|---|---|
| <ul style="list-style-type: none">• Dolor de cabeza• “Presión en la cabeza”• Náusea o vómito• Dolor de cuello• Problemas de equilibrio o mareos• Visión borrosa o visión doble• Sensibilidad a la luz o ruido• Decaído• Adormecido• Mareado• Cambios en los hábitos de dormir | <ul style="list-style-type: none">• Amnesia• “No se siente bien”• Fatiga o energía baja• Tristeza• Nervios o ansiedad• Irritabilidad• Más sensible• Confundido• Problemas con concentración o memoria (por ejemplo: olvidar las jugadas)• Repetir la misma pregunta o comentario |
|---|---|

Los siguientes síntomas son observados por compañeros, padres y entrenadores:

- | |
|--|
| <ul style="list-style-type: none">• Parece desorientado• Tiene una expresión facial vacía |
|--|

- Está confundido acerca de la tarea o actividad
- Se olvida de las jugadas
- Está confundido sobre el juego, los puntos o el oponente
- Se mueve torpemente o muestra una falta de coordinación
- Contesta las preguntas lentamente
- Arrastra las palabras
- Muestra cambios de comportamiento o personalidad
- No puede recordar los eventos que sucedieron antes de la colisión
- No puede recordar los eventos que sucedieron después de la colisión
- Ataques o convulsiones
- Cualquier cambio en el comportamiento típico o personalidad
- Pérdida de la conciencia

TOMALES HIGH SCHOOL

Información acerca de las concusiones cerebrales

¿Qué puede pasar si mi hijo(a) sigue jugando con una concusión cerebral o regresa a jugar antes de que este recuperado?

Los deportistas con señales o síntomas de una concusión cerebral deben dejar de jugar inmediatamente. Continuar jugando con las señales o síntomas de una concusión pone al deportista en riesgo de sufrir una herida más grave. La probabilidad de que se sufra daño significativo de una concusión aumenta cuando ha pasado un periodo de tiempo largo después de que sucedió la concusión, sobre todo si el deportista sufre otra concusión antes de recuperarse completamente de la primera. Eso puede traer como consecuencia una recuperación más prolongada o incluso una hinchazón cerebral (síndrome de segundo impacto) con consecuencias devastadoras o fatales. Es bien conocido que los deportistas adolescentes no reportan mucho los síntomas de sus heridas. Eso es el caso también con las concusiones cerebrales. Por lo mismo es importante que los administradores, entrenadores, padres y estudiantes estén bien informados, el cual es clave para la seguridad de los estudiantes deportistas.

Si cree que su hijo(a) ha sufrido una concusión

En cualquier situación donde se sospecha que un deportista tiene una concusión, es importante sacar a este estudiante del juego o entrenamiento inmediatamente. Ningún deportista puede volver a participar en la actividad después de sufrir una herida de cabeza o concusión cerebral sin el permiso de un doctor, no importa si la herida parece ser ligera o los síntomas desaparecen rápidamente. Se debe de observar cuidadosamente el mejoramiento del deportista por varias horas. El nuevo estatuto 313 de la Federación Interescolar de California (CIF por sus siglas en inglés) requiere la implementación de las siguientes normas para regresar a jugar un deporte después de sufrir una concusión, las cuales se han recomendado por muchos años:

“Cuando se sospeche que un estudiante deportista ha sufrido una concusión o herida de cabeza en un entrenamiento o juego, a este estudiante deportista se le debe sacar de la competencia en ese momento y por el resto del día”.

Y

“A un estudiante deportista que se le ha sacado del juego no podrá volver a jugar hasta que le evalúe un doctor licenciado con capacitación en la evaluación y manejo de las concusiones y hasta que se reciba un permiso por escrito para volver a jugar de dicho doctor”.

También debe informar al entrenador(a) de su hijo(a) si piensa que ha sufrido una concusión cerebral. Recuerde que es mejor faltar un partido que faltar toda la temporada. Si existe alguna duda de que el deportista sufrió una concusión cerebral o no, se tomará precauciones y no podrá jugar.

Si desea información actual acerca de las concusiones cerebrales por favor visiten el sitio en Internet:
<http://www.cdc.gov/ConcussionInYouthSports/>

Nombre del estudiante deportista

Firma del estudiante deportista

Fecha

Nombre del padre, madre o tutor

Firma del padre, madre o tutor

Fecha

ATHLETIC EMERGENCY INSTRUCTION

2013-2014

Student's Name _____
Last First Middle Initial

Address _____

City _____
Zip Phone

In case of illness or accident to the student named above: the school is authorized to proceed as indicated below.

Contact Mother/Guardian _____ Day Phone _____

Eve Phone _____

Cell Phone _____

E-Mail Address _____

Contact Father/Guardian _____ **Day Phone** _____

Eve Phone _____

Cell Phone _____

E-Mail Address _____

Contact Other _____ **Day Phone** _____

Eve Phone _____

Cell Phone _____

Relationship _____

Contact Doctor _____ **Phone** _____

In the event this student becomes ill or is injured, you are authorized to have the student receive first aid services and I authorize the medical agency to render treatment as deemed necessary. I accept the judgment of the person in charge. This is effective until I give a written notice of cancellation.

Authorized signature of Parent/Guardian

Date

Insurance Company _____ **Policy Number** _____