

School (circle): ISLC STEAM VAPA Grade Level (circle): 9 10 11 12 Sport: _____ Name: _____
Sport: _____
Sport: _____



Los Angeles Unified School District
Legacy High School Complex
ISLC, STEAM, VAPA
5225 Tweedy Blvd
South Gate, CA 90280
(323) 357-7500
Fax: (323) 357-7580

Austin Beutner
Superintendent of Schools

Carla Barrera-Ortiz - STEAM
David Manzo - ISLC
Dr. Edward Trimis - VAPA
Legacy High School Principals

Dear Perspective Legacy High School Athlete:

The steps below are what you must complete to obtain athletic clearance for the upcoming school year. It is important that you take the time to complete the necessary information accurately.

1. Please complete the following application.

- 1A _____ Parent's Consent
- 1B _____ Athlete's Eligibility Information
- 1C _____ Acknowledgement of Risk and Informed Consent
- 1D _____ Acknowledgement of Risk and Informed Consent
- 2 _____ Physical/ Preparation
- 3 _____ Emergency Card
- 4 _____ Bullying
- 5 _____ Media Release
- 6 _____ Cardiac Arrest
- 7 _____ Code of Conduct
- 8 _____ Concussion
- 9 _____ Liability
- 10 _____ Athletic Insurance Certificate
- 11 _____ Steroid Prohibition Use Form
- 12 _____ Uniform Contract
- 13 _____ Concussion Certification
- 14 _____ Sportsmanship Certification

2. Physical Evaluation

_____ The pre-participation physical evaluation is to be completed by you and your medical doctor. This needs to be turned into the school nurse.

3. Emergency Card

_____ Complete both sides of the card. Emergency card will be **kept by the coach.**

All the above forms and materials must be presented to the Athletic Director and be on file in the athletic office. **(No practice or game participation may take place until all the paperwork is cleared).** Paper work will take a **minimum of 72 hours** to process in order for an athlete to become eligible. If you have any questions feel free to contact your coach or the athletic director.

I verify that all materials have been checked by me for completeness and correctness. All of the above items are included.

Sport: _____ Date: _____

Name of Coach: _____ Coach Signature: _____

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	Nurse	Winter 1	Nurse	Spring 1	Nurse
	Fall 2	Nurse	Winter 2	Nurse	Spring 2	Nurse



**CIF LOS ANGELES CITY SECTION
LEGACY HIGH SCHOOL**

Current School Year 2019-20

**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 (323) 357 - 7516 or the Administrator in Charge of Athletics at (323) 357 - 7500.

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
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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 1, 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
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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

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 **South Region High School #9.**

Student-Athlete Signature

Date

Parent Signature

Date



COACHES CERTIFICATION OF COMPLETE ATHLETIC PACKET

1. ___ - BOOKLET COVER & BACK PAGE (4 PAGES)
2. ___ - PHYSICAL/ PREPARATION (DOCTOR SIGNATURE & STAMP/
EXPLAIN ANY "YES" ANSWERS)
3. ___ - EMERGENCY
4. ___ - BULLYING
5. ___ - MEDIA RELEASE
6. ___ - CARDIAC ARREST
7. ___ - CODE OF CONDUCT
8. ___ - CONCUSSION
9. ___ - LIABILITY
10. ___ - COPY OF INSURANCE
11. ___ - STEROIDS
12. ___ - UNIFORM CONTRACT
13. ___ - CONCUSSION CERTIFICATION
14. ___ - SPORTSMANSHIP CERTIFICATION

***All print MUST be in black or blue ink *Parent Signatures on all Documents**

Sport: _____

Date: _____

Name of Coach: _____

Coach Signature: _____

Physical Examination Form

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

ATTACHMENT A

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
Appearance ● Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat ● Pupils equal ● Hearing		
Lymph Nodes		
Heart ¹ ● Murmurs (auscultation standing, supine, +/- Valsalva) ● Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) ²		
Skin ● HSV, lesions suggestive of MRSA, linea corporis		
Neurologic ³		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional ● Duck walk, single leg hop		

¹ Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
² Consider GU exam if in private setting. Having 3rd party present is recommended.
³ Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.

Clearance

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____
 Not cleared
 Pending further evaluation
 For any sports
 For certain sports: _____

Reason/Recommendations: _____

I have evaluated the above named student and completed the pre-participation physical evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

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

Signature of Physician/ Provider: _____

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, 2010.



LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME				FIRST NAME				M.I.		
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE		HOME LANGUAGE				
STUDENT'S HOME ADDRESS -- NUMBER			STREET			APT #		CITY		ZIP CODE
MAILING ADDRESS -- NUMBER <small>(IF DIFFERENT FROM ABOVE)</small>			STREET			APT #		CITY		ZIP CODE
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WORK ADDRESS -- NUMBER		STREET				CITY		ZIP CODE		
CONTACT NUMBERS				Indicate which phone to call for each message type:*				EMAIL ADDRESS:		
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work					
CELL		ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work					
WORK		GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work					
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WORK ADDRESS -- NUMBER		STREET				CITY		ZIP CODE		
CONTACT NUMBERS				Indicate which phone to call for each message type:*				EMAIL ADDRESS:		
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work					
CELL		ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work					
WORK		GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work					
<i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i>										
NAME			RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	
NAME			RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	
NAME			RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	
<i>List any other family members attending this school:</i>										
LAST NAME			FIRST NAME			HOME ROOM	GRADE	RELATIONSHIP		
LAST NAME			FIRST NAME			HOME ROOM	GRADE	RELATIONSHIP		
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT										
The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small>										
hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.										
HEALTH ALERTS -- <i>List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</i>										
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families										
MEDI-CAL / HEALTHY FAMILIES ID Number: _____										
1. PRIVATE HEALTH INSURANCE NAME				GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>				GROUP NO.
NAME OF DOCTOR / MEDICAL OFFICE						PHONE NUMBER OF DOCTOR / MEDICAL OFFICE				
<small>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</small>										
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____										
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____										
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.										
X _____								DATE		
SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN										

STUDENT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

* Selected telephone number must be a direct dial number (no extensions).



DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES FORMULARIO ESTUDIANTIL DE INFORMACIÓN PARA EMERGENCIAS

Español

Información para Padres: Favor de llenar este formulario por completo y firmar en la sección indicada. En caso de una emergencia grave las normas del distrito escolar requieren mantener a los alumnos en la escuela por su seguridad. El personal escolar usará este formulario cuando los alumnos sean permitidos volver a casa. Favor de llenar electrónicamente o con letra de molde clara y entregar el formulario completo en la escuela.

APELLIDO DEL ALUMNO		NOMBRE		INICIAL	
FECHA DE NACIMIENTO		<input type="checkbox"/> Masc. <input type="checkbox"/> Femen.		GRADO	
				IDIOMA QUE SE HABLA EN CASA	
DOMICILIO DEL ALUMNO - Número		CALLE		APT #	
				CIUDAD	
CÓDIGO POSTAL					
DOMICILIO POSTAL -- Número (SI DIFIERE AL DE ARRIBA)		CALLE		APT #	
				CIUDAD	
CÓDIGO POSTAL					
APELLIDO DEL PADRE/TUTOR LEGAL		NOMBRE		PARENTEZCO AL ALUMNO	
				<input type="checkbox"/> Sí <input type="checkbox"/> No	
DIRECCIÓN DEL TRABAJO		CALLE		CIUDAD	
				CÓDIGO POSTAL	
Números telefónicos de contacto		Indicar a qué número llamar para cada tipo de mensaje*:		CORREO ELECTRÓNICO:	
HOGAR		EMERGENCIA		<input type="checkbox"/> Hogar <input type="checkbox"/> Celular <input type="checkbox"/> Trabajo	
CELULAR		ASISTENCIA		<input type="checkbox"/> Hogar <input type="checkbox"/> Celular <input type="checkbox"/> Trabajo	
TRABAJO		INFORMACIÓN GENERAL		<input type="checkbox"/> Hogar <input type="checkbox"/> Celular <input type="checkbox"/> Trabajo	
APELLIDO DEL PADRE/TUTOR LEGAL		NOMBRE		PARENTEZCO AL ALUMNO	
				<input type="checkbox"/> Sí <input type="checkbox"/> No	
DOMICILIO - número		CALLE		CIUDAD	
				CÓDIGO POSTAL	
Números Telefónicos de Contacto		Indicar a qué número llamar para cada tipo de mensaje*:		CORREO ELECTRÓNICO:	
HOGAR		EMERGENCIA		<input type="checkbox"/> Hogar <input type="checkbox"/> Celular <input type="checkbox"/> Trabajo	
CELULAR		ASISTENCIA		<input type="checkbox"/> Hogar <input type="checkbox"/> Celular <input type="checkbox"/> Trabajo	
TRABAJO		INFORMACIÓN GENERAL		<input type="checkbox"/> Hogar <input type="checkbox"/> Celular <input type="checkbox"/> Trabajo	
<i>Al director: En caso de no localizarme durante una emergencia, le autorizo a contactar y, de ser necesario, entregarle a mi niño a cualquiera de las siguientes personas:</i>					
NOMBRE		PARENTEZCO		TEL. DEL HOGAR	
				TEL. DE CELULAR	
				TEL. DEL TRABAJO	
NOMBRE		PARENTEZCO		TEL. DEL HOGAR	
				TEL. DE CELULAR	
				TEL. DEL TRABAJO	
NOMBRE		PARENTEZCO		TEL. DEL HOGAR	
				TEL. DE CELULAR	
				TEL. DEL TRABAJO	
<i>Incluir cualquier otro miembro de la familia que asista a esta escuela:</i>					
APELLIDO		NOMBRE		SALÓN PRINCIPAL	
				GRADO ESCOLAR	
				PARENTEZCO	
APELLIDO		NOMBRE		SALÓN PRINCIPAL	
				GRADO ESCOLAR	
				PARENTEZCO	
AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA					
El abajo firmante, como padre/tutor legal de: _____ menor de edad,					
<i>(Escribir el nombre del alumno con letra de molde)</i>					
por medio del presente autoriza al director o persona designada, habiéndosele encomendado el cuidado del alumno, a acceder a cualquier análisis con radiografía, anestesia, diagnóstico médico o quirúrgico, tratamiento y/o atención en hospital para el alumno, según lo especifique un médico acreditado y/o dentista. Estoy al tanto de que esta autorización se extiende antes de cualquier diagnóstico, tratamiento o atención en hospital necesaria y otorgo la autoridad y facultad al Distrito Escolar Unificado de Los Ángeles ("Distrito") de dar consentimiento a todo y cualquier diagnóstico, tratamiento, o atención en hospital con un médico acreditado o dentista conforme se determine necesario. Esta autorización se extiende de acuerdo con el Artículo 49407 del Código de Educación de California, y seguirá en vigencia hasta que se revoque por escrito y dicha revocación se entregue al Distrito. Entiendo que el Distrito, sus funcionarios y empleados no asumen responsabilidad de cualquier índole en relación con el transporte del alumno. También estoy al tanto de que el costo de transporte de paramédicos, hospitalización, análisis, radiografías, o tratamiento que se proporcione en relación con esta autorización será responsabilidad exclusivamente mía, como padre/tutor del alumno.					
ALERTA DE SALUD - Incluir cualquier condición médica del alumno que limite actividad física o requiera atención especial. Incluir condiciones tales como asma y alergias (por ejemplo: a la crema de maní, o picaduras de abeja). Si el alumno no presenta ninguna condición indicar "ninguna".					
INDICAR SI EL ALUMNO TIENE SEGURO MÉDICO (Marcar uno) <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Si respondió "Sí" Indique: <input type="checkbox"/> Seguro médico Particular <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families					
# de miembro MEDI-CAL / HEALTHY FAMILIES: _____					
1. SEGURO MÉDICO PARTICULAR		GRUPO #		1. SEGURO MÉDICO PARTICULAR	
				GRUPO #	
NOMBRE DEL DOCTOR/ CLÍNICA		NOMBRE DEL DOCTOR/ CLÍNICA			
*Si el alumno actualmente no tiene seguro médico, para información sobre programas gratuitos o a precios módicos, llame sin costo alguno a la LINEA DE ASISTENCIA del Distrito al: 1(866)742-2273.					
MI HIJO ES ALÉRGICO A LOS SIGUIENTES MEDICAMENTOS: _____					
MI HIJO ACTUALMENTE TOMA LOS SIGUIENTES MEDICAMENTOS: _____					
HAGO CONSTAR QUE LEI Y ENTIENDO ESTE FORMULARIO Y OTORGO MI AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA, Y QUE TODA LA INFORMACIÓN QUE PROPORCIONE EN ESTE FORMULARIO ES VERDICA Y CORRECTA.					
X					
FIRMA DE: _____ (MARCAR UNO) <input type="checkbox"/> PADRE <input type="checkbox"/> TUTOR LEGAL				FECHA	

APELLIDO DEL ESTUDIANTE

NOMBRE

S.N.

* El número telefónico seleccionado debe ser línea de marcado directo (no extensiones)



NO BULLYING or HAZING CONTRACT Student and Parent/Guardian Agreement

Bullying and hazing are serious matters. Bullying is any mean or disrespectful behavior that is done on purpose to hurt someone physically or emotionally. Hazing is any initiation into a team or group that may cause humiliation, physical or emotional harm.

There are different types of bullying and misconduct including, but not limited to:

Physical Bullying: hitting, kicking, pushing or other unwelcome physical contact. *Serious physical bullying may be regarded as a criminal act, such as battery or assault.*

Cyberbullying: using electronic devices to embarrass, spread rumors, threaten or intimidate. This includes posting or sending inappropriate messages or images by text, cell phone or on social networking sites such as Facebook, Instagram or Twitter. *Sending nude or sexual images may be considered distribution or possession of child pornography, which is a crime.*

Social Bullying: leaving people out, rejecting, manipulating relationships, rating or ranking people, or trying to ruin the reputation of another.

Verbal Bullying: name calling, teasing, spreading hurtful rumors or gossip, making threats or rude noises. *I understand that all threats are taken seriously and may be reported to law enforcement.*

Non-Verbal Bullying: posturing, dirty looks, stalking, damaging property, graffiti, making gang signs or other efforts to intimidate or pressure someone.

Indirect Bullying: getting someone to do something mean or hurtful to someone else on your behalf.

Sexual Harassment: any unwanted or demeaning behavior about someone's sex, sexual orientation, gender, gender identity or gender expression. *Even if I like the person I must be respectful at all times. Sexual harassment may require additional investigation.*

Discrimination: targeting someone based on their real or perceived race, color, national origin, religion, disability or medical condition, sex, sexual orientation, gender, gender identity or gender expression may be considered an act of hate and may be a crime.

I, _____ understand that it is my responsibility to:
STUDENT NAME

- ✓ Respect and honor all school rules.
- ✓ Conduct myself in a respectful manner.
- ✓ Treat and respect others the way I would like to be treated.
- ✓ Tell the person who is bullying to "Stop!"
- ✓ Stop now, if I am bullying others. There are better ways to be a leader, get respect, and have friends.
- ✓ Be thoughtful. What I think is just a joke could be considered bullying, hazing or discrimination.
- ✓ Report bullying to a teacher, principal or other school staff.

Everyone has the right to attend a school that is safe and respectful.

Student's responsibility:

I commit that I will not bully. I will report bullying to an adult. I understand that if I bully, there will be consequences, including possible suspension, expulsion, or arrest. **I am important. I make a difference. I can be a positive leader.**

STUDENT NAME

SIGNATURE

DATE

Parent/Guardian's responsibility:

I commit to encouraging my child to always respect others. I have instructed my child to be a positive leader. I have advised my child to report any bullying to a trusted adult or school personnel. I will work with the school for peaceful solutions.

PARENT/GURDIAN NAME

SIGNATURE

DATE



CONTRATO PARA LA PREVENCIÓN DE LA INTIMIDACIÓN

Acuerdo celebrado por el estudiante y el padre/tutor

La **intimidación** y las **novatadas** son asuntos graves. La **intimidación** es cualquier conducta maliciosa o irrespetuosa que tiene el propósito de lastimar a alguien física o emocionalmente. Las **novatadas** son cualquier iniciación a un equipo o grupo que puede causar humillación o un daño físico o emocional.

Hay diferentes tipos de intimidación, lo cual incluye pero no se limita a:

Intimidación física: golpear, patear, empujar, o cualquier otro contacto físico no deseado. *La intimidación física grave podría ser considerada un acto punible, tal como agresión física y lesiones.*

Intimidación cibernética: utilizar dispositivos electrónicos para avergonzar, propagar rumores, amenazar e intimidar. Esto incluye mandar o enviar mensajes o imágenes inapropiadas en un mensaje de texto, teléfonos móviles o sitios de redes sociales tal como Facebook, Formspring o Twitter. *Enviar imágenes sexuales o de personas desnudas podría ser considerado distribución o posesión de pornografía infantil, lo cual es un delito.*

Intimidación social, relacional o psicológica: excluir a una persona, rechazar, manipular las relaciones entre personas, calificar o clasificar a las personas, o intentar arruinar la reputación de otra persona.

Intimidación verbal: Insultar, tomar el pelo, propagar rumores dañinos o chismes, amenazar o hacer ruidos groseros. *Entiendo que a todas las amenazas son tomadas en serio y es posible que se le informe al respecto a una agencia del orden público.*

Intimidación no verbal: actitudes, mirar fijamente con hostilidad, mirada maliciosa o impúdica, acechar, destrucción de la propiedad, graffiti, hacer señas de pandillas o esforzarse en alguna otra manera para intimidar o presionar a alguien.

Intimidación indirecta: lograr que alguien le haga algo malicioso o dañino a otra persona en su nombre.

Intimidación sexualizada: toda conducta indeseada o degradante sobre el sexo, la conducta sexual o la orientación sexual. *Aún si la persona me gusta debo ser respetuoso en todo momento. La intimidación sexualizada puede ser considerada como un acoso sexual, un incidente basado en el prejuicio o un delito motivado por el odio y puede requerir que se lo investigue en mayor medida.*

Intimidación racial/étnica/religiosa: hacer que una persona sea el blanco de algo debido a su raza, grupo étnico, cultura o religión. *Este tipo de intimidación puede considerarse como acoso sexual, un incidente basado en el prejuicio o un delito motivado por el odio y puede requerir que se lo investigue en mayor medida.*

Intimidación por discapacidad: hacer que una persona sea el blanco de algo debido a que padece de una discapacidad en el aprendizaje o una afección de la salud.

Yo, _____, comprendo que tengo la responsabilidad:

Nombre y apellido del estudiante

- ✓ Respetar y honrar todas las normas escolares
- ✓ Comportarme en una manera respetuosa.
- ✓ Tratar y respetar a los demás en la manera que a mí me gustaría ser tratado.
- ✓ Decirle a la persona que está intimidando "¡Detente!
- ✓ ¡Si estoy intimidando a otros, dejaré de hacerlo ahora mismo! Hay mejores maneras de ser líder y de tener amigos
- ✓ Seré cauteloso. Lo que yo considero una broma se podría interpretar como una intimidación o novatada.
- ✓ Le informaré a un maestro, director o personal de la escuela sobre la intimidación

Todos tenemos derecho de asistir a una escuela que es segura y en la que las personas son respetuosas.

Responsabilidad del estudiante:

Me comprometo a no intimidar. Le informaré a un adulto sobre toda intimidación. Comprendo que si intimido a los demás habrán consecuencias y posiblemente se me suspenda, expulse o arreste. **Soy importante. Tengo cosas que aportar. Puedo ser un líder.**

NOMBRE Y APELLIDO DEL ESTUDIANTE

FECHA

Responsabilidad del padre/tutor:

Me comprometo a alentar a mi hijo a ser respetuoso con los demás en todo momento. Le he enseñado a mi hijo a ser un líder positivo. Le he indicado a mi hijo que debe informarle a un adulto o un miembro del personal de la escuela de confianza sobre cualquier tipo de intimidación. Trabajaré con la escuela para encontrar soluciones pacíficas.

NOMBRE DEL PADRE/TUTOR

FECHA



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)

[Empty text box for Pupil Name]

2. Birthdate (please print)

[Empty text box for Birthdate]

3. Name of Parent (please print)

[Empty text box for Parent Name]

- 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

[Empty text box for Signature]

5. Date Signed

[Empty text box for Date Signed]

6. Address (Number, Street, Apartment Number)

[Empty text box for Address]

7. City

[Empty text box for City]

8. State

[Empty text box for State]

9. Zip Code

[Empty text box for Zip Code]

10. Telephone

[Empty text box for Telephone]

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

11. Principal

[Empty text box for Principal]

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

12. School

[Empty text box for School]

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



Distrito Escolar Unificado de Los Angeles
Autorización de los padres o tutores para la divulgación publicitaria

Estimado(a) padre, madre, tutor o tutora:

El Distrito Escolar Unificado de Los Angeles solicita el permiso de usted para reproducir en forma impresa, auditiva, visual o electrónica actividades en las cuales su hijo(a) haya participado en su programa educativo. La autorización que usted nos otorgue nos permitirá emplear materiales preparados especialmente para (1) capacitar a los profesores o (2) para fomentar entre el público una mayor conciencia y promover un mejoramiento continuo de los programas educativos mediante el uso de los medios de comunicación, las exposiciones, los folletos, los domicilios electrónicos (*websites*), etc.

1. **Nombre y apellido del (de la) estudiante** (escriba por favor en letra de molde)

2. **Fecha de nacimiento** (escriba por favor en letra de molde)

3. **Nombre y apellido del padre o la madre** (escriba por favor en letra de molde)

- a. Yo, como padre, madre, tutor o tutora del (de la) alumno(a) antes mencionado(a) doy mi autorización plena y concedo al Distrito Escolar Unificado de Los Angeles y a sus representantes autorizados el derecho para imprimir, fotografiar, grabar y editar - según lo desee - la información biográfica, el nombre y apellido, las imágenes, las similitudes, o la voz del (de la) alumno(a) antes mencionado(a), en forma auditiva, en videocintas, en filmes, en diapositivas, en cualquier otra forma electrónica o en formatos impresos que actualmente se desarrollan (se les conoce como "Grabaciones"), para los propósitos antes mencionados y declarados.
- b. Entiendo y estoy de acuerdo en que el uso de tales Grabaciones se dará sin compensación alguna para los estudiantes, sus padres o sus tutores.
- c. Entiendo y estoy de acuerdo en que el Distrito Escolar Unificado de Los Angeles o sus representantes autorizados tendrán el derecho exclusivo, el título, el interés e inclusive el derecho de autor de las Grabaciones.
- d. Entiendo y estoy de acuerdo en que el Distrito Escolar Unificado de Los Angeles o sus representantes autorizados tendrán el derecho ilimitado para utilizar las Grabaciones para cualquiera de los propósitos declarados o relacionados con lo antes mencionado.
- e. Por la presente exonero de toda responsabilidad civil al Distrito Escolar Unificado de Los Angeles y a sus representantes autorizados por la totalidad y cada una de las demandas, reclamos, daños y perjuicios, costos o gastos, incluso los honorarios de los abogados, que presenten los alumnos, sus padres o sus tutores en lo relacionado a lo que se haya suscitado o pudiera surgir por cualquier uso de estas Grabaciones, conforme se especificó antes.

Mi firma muestra que he leído y que entiendo esta exoneración de toda responsabilidad civil, y estoy de acuerdo en aceptar sus disposiciones.

4. **Firma del padre, la madre, el tutor o la tutora**

5. **Fecha en que se firmó**

6. **Domicilio (Número de la calle, calle, número de apartamento)**

7. **Ciudad**

8. **Estado**

9. **Código postal**

10. **Teléfono**

El conceder su permiso es de carácter voluntario. Sírvase devolver a la escuela el formulario lleno.

11. **Director(a)**

12. **Escuela**

formulario aprobado por el Despacho del asesor jurídico

Este formulario no podrá ser enmendado sin la aprobación por escrito tanto del Despacho del asesor jurídico como por la Oficina de comunicaciones e información pública.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>



Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

**FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION**

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a

victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.



CIF – High School Code of Conduct 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 Charactersm”). 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

1. *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 conduct.
 - ❑ *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.

RESPECT

2. *Respect* — treat all people with respect all the time and require the same of other student-athletes.
3. *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.
4. *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.
5. *Respect Officials* — treat contest officials with respect; don’t complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. *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.
7. *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.**

8. *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.
9. *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.
10. *Integrity of the Game* — protect the integrity of the game; don’t gamble. Play the game according to the rules.

FAIRNESS

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

CARING

12. *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.
13. *Teammates* — help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. *Play by the Rules* — maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. *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.

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.

Student-Athlete Signature

Date

Legacy High School
5225 Tweedy Blvd. South Gate, CA 90280

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 it's 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

Legacy High School
5225 Tweedy Blvd. South Gate, CA 90280

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 |
|--|--|

Signs observed by teammates, parents and coaches include:

- 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

Legacy High School

5225 Tweedy Blvd. South Gate, CA 90280

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

Adaptado del Centro de Control de Enfermedades y el documento de la 3ª conferencia internacional sobre las concusiones deportivas escrito el 5/20/2010

Legacy High School

5225 Tweedy Blvd. South Gate, CA 90280

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 trasmite 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:

- 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

LIABILITY ADVISORY

This document is to serve the purpose of providing information to students and parents regarding the participation of students and/or school coaches in out of season activities. The seasons of sport (as defined by CIF) are:

Fall: August - November (football, girls' volleyball, cross country, girls' tennis, boys' water polo, girls' golf)

Winter: November - February (wrestling, basketball, soccer, girls' water polo)

Spring: February - June (baseball, softball, swimming, track and field, boys' volleyball, boys' tennis, boys' golf, lacrosse)

Seasons may be extended due to playoff success. See playoff brackets on www.cif-la.org

The California Interscholastic Federation does not sanction out of season athletic competition. LAUSD schools are not permitted to sponsor or to assist teams that participate in out of season competition, with the exception of the LA Watts Summer Games.

Many students and parents are not aware that out of season competition is not school sponsored because such teams are often composed exclusively of participants who attend the same school, and the school's coach, acting as a private citizen, is coaching the out of season team. In view of the possibility that liability might be incurred by the school district in the event of injury, the LAUSD Athletics Office strongly urges that the school use the enclosed notice to inform parents that the school, the Los Angeles City Section and/or the Los Angeles Unified School District are not responsible for the supervision, transportation, or conduct of these summer athletic competition activities.

Coaches should be made to understand the potential liability that they may be assuming when they act as private individuals in transporting and/or coaching out of season teams. The Athletics Office recommends that the principal or athletic director have each coach sign a statement in which the coach acknowledges that he/she understands the potential liability he/she may be assuming when coaching outside of the sponsorship of the school. Furthermore, that as representatives of the school, coaches will not influence students to participate in out of season programs as a condition or prerequisite for participation during the season of sport.

It is strongly recommended that schools send the following notice to parents and guardians of students involved in the interscholastic athletic program.

NOTICE TO PARENTS/GUARDIANS
OUT OF SEASON TEAMS

LEGACY High School does not sponsor any out of season athletic teams, nor do such teams have sanction for these activities from the California Interscholastic Federation, Los Angeles City Section, or the Los Angeles Unified School District. Participation on out of season athletic teams is a voluntary and private activity on the part of students, and is not a requirement for participation on the school's athletic teams during the season of sport. The school is not responsible for the supervision, transportation, or conduct of these out of season athletic competition activities. The school is not responsible for injuries that might occur while participating on out of season athletic teams.

An out of season athletic team may be coached by a regular school employee, however, such coach is not employed by the school in the capacity of an out of season athletic team coach, and the coach is serving either as a private individual or employee of an agency other than the school district.

LAUSD OUT OF SEASON LIABILITY

Parent's Name (Printed)

Parent Signature

Student-Athletes Printed Name

Sport/Season

Coaches Printed Name



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-Quote/Buy online

-sport

-student accident

-At school

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-Current School Year

-LOS ANGELES UNIFIED SCHOOL DISTRICT

-CALIFORNIA

-SELECT SCHOOL- SOUTH REGION HIGH SCHOOL #9A



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Los Angeles Unified School District



CIF LOS ANGELES CITY SECTION

CIF BYLAW 524/STEROID PROHIBITION USE FORM

_____ Legacy High School
Print Name of Student-Athlete Birthdate 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
Legacy High School

STUDENT- ATHLETE UNIFORM CONTRACT

At the beginning of each athletic season all student-athletes will be issued a school purchased uniform for his/her team. No pupil fees should be required for participation and no mandatory fundraising is allowed. Each student-athlete is responsible for returning the team issued uniform clean and in good repair, within one week of the conclusion of the season.

UNIFORM GUIDELINES

1. Student-athletes must keep the uniform number they are assigned at the beginning of the season and at no time may they change their uniform with a teammate without permission of the coach.
2. Student-athletes must wash and care for their uniform after each contest. **(Please launder uniform according to directions on tag. Wash all uniforms in COLD water).**
3. At no time may a student-athlete alter or change the original shape or form of the uniform.
4. If I fail to return any piece of the uniform assigned to me or if I return the uniform damaged, I understand that I will pay _____ high school the full dollar amount of the uniform, or if required, a cleaning fee.
5. I understand that if I have not returned a uniform(s) or paid what I owe then I forfeit my opportunity to participate in school activities and/or participate with any extracurricular club or athletic team. Including, but not limited to: school dances, athletic teams, intramural sports, field trips and graduation ceremony. The school may also withhold grades, transcripts, and diploma.

I have read and understand the above stated uniform policies and recognize that any failure to return the uniform to my coach at the end of the season will result in my being charged replacement cost of the uniform or complete a restitution process as established by _____ HS.

Student-Athlete Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Team: _____ Level: _____ Coach: _____

Student-Athletes Name: _____ D.O.B. _____

Uniform Number/Size: _____ Uniform Bottoms/Size: _____

Other Issued Uniform Item(s): _____

Cost of Uniform: \$ _____

I agree to voluntarily fundraise/pay for a customized or personalized uniform.

Yes No

Parent's Signature

Date

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES

Escuela Preparatoria Legacy High School

ACUERDO DEL UNIFORME DEL ESTUDIANTE DEPORTISTA

Al comienzo de cada temporada deportiva todos los estudiantes-atletas se les entregará un uniforme comprado por la escuela para su equipo. No se debe requerir gastos por parte del alumno para la participación y no se permite la recaudación obligatoria de fondos. Cada estudiante deportista es responsable de devolver el uniforme del equipo emitido limpio y en buen estado, una semana después de la conclusión de la temporada.

DIRECTRICES PARA LOS UNIFORMES

1. Cada estudiante deportista debe mantener el número de uniforme que se les asigna al comienzo de la temporada y en ningún momento pueden ellos cambiar su uniforme con un compañero de equipo sin el permiso del entrenador.
2. Los estudiantes deportistas deben lavar y cuidar sus uniformes después de cada torneo.
3. **Por favor, lave el uniforme de acuerdo con las instrucciones en la etiqueta. Lave todos los uniformes en agua FRÍA.**
4. En ningún momento puede un estudiante deportista alterar o cambiar la forma o el molde original del uniforme.
5. Si no devuelvo alguna pieza del uniforme que se me ha asignado o si devuelvo el uniforme dañado, entiendo que le pagaré a la Escuela Preparatoria _____ el precio total del uniforme o, si se requiere, una cuota por lavandería.
6. Entiendo que si no devuelvo un uniforme o si no he pagado lo que debo, entonces renuncio a mi oportunidad de participar en las actividades escolares o de participar en cualquier club extracurricular o equipo deportivo, que incluye pero no se limita a: bailes escolares, equipos atléticos, deportes intramurales, excursiones escolares y la ceremonia de graduación. La escuela también puede retener las calificaciones, transcripciones, y el diploma.

He leído y entendido las políticas del uniforme anteriormente indicadas y reconozco que el hecho de no devolver el uniforme a mi entrenador al final de la temporada resultará en que se me cobre el costo de reposición del uniforme o que complete un proceso de restitución según lo establecido por la Escuela Preparatoria _____.

Firma del (de la) estudiante deportista: _____ Fecha: _____

Firma del padre, madre o tutor legal: _____ Fecha: _____

Equipo: _____ Nivel: _____ Entrenador: _____

Nombre del estudiante deportista: _____ F.D.N. _____

Talla y número del uniforme: _____ Pantalones del uniforme y talla: _____

Otro(s) artículo(s) de uniforme que fue(ron) expedido(s): _____

Costo del uniforme: \$ _____

Estoy de acuerdo en recaudar fondos y pagar voluntariamente un uniforme a la medida o personalizado.

Yes No

Firma del padre, madre o tutor legal

Date

CONCUSSION CERTIFICATE

Steps to complete NFHS Concussion certificate

- www.nfhslearn.com
- Scroll to Concussion/ Sportsmanship Course
- Order course
- Create account/Sign In
- Complete profile information
- Order Course (Concussion in sports/Sportsmanship/ or whichever course you need)
- Select yourself
- Select State "California"
- Checkout
- Agree to terms
- Continue
- Dashboard
- Courses
- Begin Course
- Take the 20 minute class on line
- Print your certificate

SPORTSMANSHIP CERTIFICATE

Steps to complete NFHS Sportsmanship certificate

- www.nfhslearn.com
- Scroll to Concussion/ Sportsmanship Course
- Order course
- Create account/Sign In
- Complete profile information
- Order Course (Concussion in sports/Sportsmanship/ or whichever course you need)
- Select yourself
- Select State "California"
- Checkout
- Agree to terms
- Continue
- Dashboard
- Courses
- Begin Course
- Take the 20 minute class on line
- Print your certificate