

EUREKA UNION SCHOOL DISTRICT

5455 Eureka Road
Granite Bay, CA 95746
Phone: (916) 791-4939
Fax: (916) 791-5527
www.eurekausd.org



Superintendent:
Tom Janis
Chief Business Officer:
Melody Glaspey
Director of Curriculum, Instruction,
Professional Development and
Student Assessment:
Ginna Myers
Director of Human Resources:
Kelli Hanson, Ed.D.
Director of Student Services:
Kristi Marinus

Eureka Union School District
Junior High Athletic Program

Student Athlete Documentation Checklist

The following documentation and forms must be reviewed, completed, signed and submitted to your school office prior to participation in tryouts, practices or competitions. Items included are to ensure safety and security of our staff and students.

- Voluntary Athletic Participation Form
- Athletic Emergency Card
 - Include proof of medical coverage (if using Student Insurance)
 - Include Administration of Medication by School Personnel (if applicable)
- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Information Sheet
- Voluntary Athletic Contribution (VAC) Form
- Volunteer Driver Information (Optional - submit only if planning to drive as a volunteer)
 - Include Proof of Insurance
 - Include DVM H-6 Driving Record Printout
 - Include Volunteer Application/Clearance Form (if not on file with your school)
- Athletics Eligibility and Code of Conduct Agreement

I have reviewed the school Athletic Handbook and agree to abide by the rules set forth, in the interest of a successful participation in the Eureka Union School District Athletic Program.

Student Name: _____ Student Signature _____

Parent Name: _____ Parent Signature _____

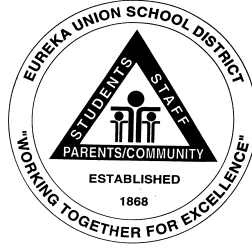
Date Submitted: _____

Board of Trustees:

Tony Corado ♦ Ryan Jones ♦ Renee Nash ♦ Aimee Scribner ♦ Andrew Sheehy

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Dear Parents and Guardians:

The Eureka Union School District has successfully participated in the Foothill Intermediate Schools Athletic League (FISAL) for many years. Both Cavitt and Olympus Junior High have earned numerous Division and League awards. Our participation in FISAL is a part of our philosophy of developing the whole student and recognizing that athletics support students' physical, social and academic development. While Eureka Union School District continues to face inadequate funding from the State of California, and budget reductions, it is a priority to continue to provide a quality athletics program for Cavitt and Olympus Junior High School.

The Eureka Schools Foundation (ESF) provides much needed support to maintain quality coaching staff, but there are other substantial costs associated with the sports programs. Eureka Union School District has decided to implement a Voluntary Athletic Contribution (VAC) plan to help support the outstanding athletic programs. The purpose of this plan is to offset the district and school site costs associated with the current athletic programs. We encourage your help and support to assist us in maintaining our athletic programs. It is important to understand that a VAC is voluntary and contributing is not a requirement for participating in any offered educational activity, including athletics.

Our goal is to annually raise necessary funds to help offset the costs of providing an athletic program at Cavitt and Olympus Junior High School, including transportation, league fees, uniforms, equipment, referees and coaching stipends. To accomplish this, we are encouraging each participating family to contribute to the District's VAC program. The district has determined the following annual voluntary contribution(s) per athlete would result in meeting this goal:

First Sport: \$150.00

Each Additional Sport: \$100.00

We are extremely appreciative for your continued support and involvement in our junior high athletic programs. The Eureka Union School District is committed to the ongoing provision of a quality athletic program to successfully engage our junior high students. Your voluntary contribution will provide students the opportunity to continue to develop themselves as student-athletes. If you have any questions regarding the VAC program, please contact the school Athletic Director.

Thank you for your continued support.

Board of Trustees:

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Voluntary Athletic Contribution (VAC) Response Form

Student Name (First and Last): _____ Date of Birth: _____

School: Cavitt Junior High School Olympus Junior High School Grade Level: 7th Grade 8th Grade

Sport for Which Contribution is Being Requested:

- Fall: Cross Country Flag Football Girls' Volleyball
 Winter: Wrestling Boys' Basketball Girls' Basketball
 Spring: Track and Field Softball Boys' Volleyball

For this school year, this is my child's: 1st Sport 2nd Sport 3rd Sport

Instructions: Each student-athlete is encouraged to make a Voluntary Athletic Contribution (VAC) as a part of his/ her participation in the Athletic Program. All VAC funds will be used to help offset the expenses of the junior high athletics program, including transportation, league fees, uniforms, equipment, referees, and coaching stipends. A voluntary contribution per student of one hundred and fifty dollars (\$150.00) for the first sport and one hundred dollar (\$100.00) for each sport thereafter is requested. Your decision to make a VAC is voluntary and contributing is not a requirement for participating in athletics.

Please complete and return this VAC form and your selected payment amount to the school office as indicated below.

Regardless of contribution amount, this form must be turned into the office prior to your student's participation in practices and competitions.

First Sport: \$150.00
Each Additional Sport: \$100.00

Please indicate how you are able to support the Athletic Program:

<input type="checkbox"/>		Amount Enclosed
<input type="checkbox"/>	Yes, I will support my student's athletics program with the full Voluntary Athletic Contribution amount(s) of	
	1st Sport \$150	\$
	2nd Sport \$100	\$
	3rd Sport \$100	\$
<input type="checkbox"/>	Yes, I will support my student's athletics program with the following alternative Voluntary Athletic Contribution amount of <input type="checkbox"/> \$125 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$_____.	\$
<input type="checkbox"/>	Yes, I will support my student's athletics program with an additional Voluntary Athletic Contribution.	\$
<input type="checkbox"/>	No, I am not able to support my student's athletic program by means of a Voluntary Athletic Contribution at this time.	
<input type="checkbox"/>	Yes, I would like to volunteer my time or services to support my student's athletic program.	
	TOTAL CONTRIBUTION	\$

****Please make checks payable to your student's school (Cavitt Junior High or Olympus Junior High)***

*****Receipt will be provided to the student.***

Signed: _____ Date: _____

Parent or Guardian

For Office Use Only

VAC received by office on (Date): _____ Athletic Director notified on (Date): _____

Board of Trustees:

Tony Corado ♦ Ryan Jones ♦ Renee Nash ♦ Aimee Scribner ♦ Andrew Sheehy

EUREKA UNION SCHOOL DISTRICT VOLUNTARY ATHLETICS PARTICIPATION FORM

Student-Athlete Name: _____

School: Cavitt Olympus

Grade: 7th 8th

I hereby give my son/daughter permission to participate in one or more of the following athletic activities at the seventh or eighth grade levels:

- Fall: Cross Country Flag Football Girls' Volleyball
Winter: Wrestling Boys' Basketball Girls' Basketball
Spring: Track and Field Softball Boys' Volleyball

I recognize that these activities may require strenuous physical exertion, and pose the potential risk of serious injury/illness to individuals who participate. I have been provided with Sudden Cardiac Arrest Information and Concussion Information sheets and understand and acknowledge the related risks. I acknowledge that participation in these activities is completely voluntary and I believe that my child is physically able to participate without damage to his/her health. I release the Eureka Union School District of any liability arising from any such physical limitations deeming athletic participation as inadvisable.

I understand, acknowledge and agree that the Eureka Union School District, its employees, Board of Trustees, agents or volunteers shall not be liable for any injury suffered by my child which is incident to and/or associated with preparing for and/or participating in this activity, and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND UNDERSTAND AND AGREE TO ITS TERMS.

Parent Name: _____ Parent Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

SPECIAL INSURANCE NOTICE TO PARENTS

California Education Code 32221 requires that any student of any "educational institution" who participates in any athletic event MUST BE INSURED FOR A MINIMUM OF \$1500.00 covering the medical expenses of accidental injuries. Students are not allowed to participate in athletic events until adequate insurance is in force which meets the requirements of this law.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Eureka USD offers affordable on-line purchase of insurance that meets the requirements through Pacific Educators Insurance, and further details may be accessed at <http://www.peinsurance.com/products/student-insurance/> or by calling 1-(800) 722-3365. Students who have opted for this coverage must provide proof of coverage.

Some pupils may qualify to enroll in no-cost local, state or federally sponsored health insurance programs. Information about these programs may be obtained at <http://www.allinforhealth.org> or by calling 1-(800) 880-5305 for The Healthy Families Programs or 1-(800) 541-5555 for Medi-Cal. (Ed Code 32221.5) If you do not qualify for these programs, please call the school office to determine if other arrangements can be made.

Health Plan Name: _____ Group #: _____ Phone #: _____

Subscriber Name: _____ Parent Signature: _____ Date: _____

***Participation will not be allowed until verification of adequate medical coverage is provided.
IF YOUR INSURANCE CHANGES OR IS DISCONTINUED, IT IS YOUR RESPONSIBILITY
TO NOTIFY THE SCHOOL IMMEDIATELY and TO OBTAIN THE REQUIRED INSURANCE.***

SUPERVISION

I understand and acknowledge that the Eureka Union School District does not provide supervision for students who are participating in after school athletics (outside of scheduled practice times). It will be mandatory for my son/daughter to leave campus after dismissal (1:20 pm Monday, 2:20 pm Tuesday-Friday). Student-athletes may return to campus 45 minutes prior to a home contest or 15 minutes prior to departure time for any away contest. This rule will apply for all athletic events unless indicated differently by your coach.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND UNDERSTAND AND AGREE TO ITS TERMS.

Parent Name: _____ Parent Signature: _____ Date: _____

EUREKA UNION SCHOOL DISTRICT ATHLETIC EMERGENCY CARD

Student-Athlete Information:

Name: _____ D.O.B.: _____ School: Cavitt Olympus Grade: 7th 8th

Address: _____ City: _____ Zip: _____ Cell Phone #: _____

Check Sports: Flag Football Volleyball Cross Country Basketball Wrestling Track & Field Softball

Parent/Guardian Information:

Mother/Guardian: _____ Employer: _____ Phone #: _____

Cell #: _____

Father/Guardian: _____ Employer: _____ Phone #: _____

Cell #: _____

Individuals who may act on behalf of parents in the event that parents cannot be reached:

Name: _____ Relation: _____ Phone #: _____

Cell #: _____

Name: _____ Relation: _____ Phone #: _____

Cell #: _____

MEDICAL INFORMATION

In case of an emergency due to serious illness, accident or disaster, when I **cannot be reached**, I hereby authorize school personnel to make arrangements for my child including transportation in accordance with their best judgment.

School personnel may release **ALL** emergency numbers for my child to authorized personnel.

I **GIVE** permission/ I **DO NOT GIVE** permission for the aforementioned authorizations.

I authorize the nurse, physician, paramedic, or hospital in charge to undertake such care and treatment as deemed necessary. I agree to pay all costs as a result of the foregoing.

I **GIVE** permission/ I **DO NOT GIVE** permission for the aforementioned authorizations.

I do not choose the above statements; I desire the following action: _____

Does your child have any conditions/allergies/health problems that may require emergency medical care? Yes No

If yes, please explain: _____

Is your child on any regular medication? If so, please list: _____

*In the event that medication needs to be used during an athletic event, authorization forms needed to be completed to allow the student to carry the medication (please see the Administration of Medication by School Personnel document).

MEDICAL INSURANCE

Private Plan: Yes No School Plan: Yes (provide proof of coverage) No

The law requires that all students participating in an interscholastic athletic event have insurance coverage of at least \$1500.00 for accidents and at least \$1500.00 for hospital and medical expenses. My child is insured for no less than the law requires and may participate in Eureka Union School District interscholastic athletic program this school year. The following is my child's medical insurance information:

Health Plan Name: _____ Group #: _____ Phone #: _____

Physician: _____ Phone #: _____ Dentist: _____ Phone #: _____

TRANSPORTATION

One-way transportation to all away games for FISAL athletic competitions will be provided. Student-athletes must ride the bus to the event site and are responsible for understanding and following all bus rules. **It is the parent's/family's responsibility to arrange transportation home from all games.** Parents must sign-out their student with the coach after each game. IF the student is to be picked up by someone other than a parent, prior written permission and release (each time) must be provided. Parents assume full responsibility and liability for their children upon sign-out. When bus transportation is not available and transportation is coordinated by the school,

I **GIVE** permission/ I **DO NOT GIVE** permission, to a volunteer driver, if available and cleared by the Eureka Union School District, to transport my child to and/or from athletic events. Volunteer drivers must submit a Volunteer Driver Information Form, proof of insurance, and DMV H-6 Driving Record Report.

Ed Code 35330 provides in part that all persons making the field trip or excursion shall be deemed to have waived all claims against Eureka Union School District, its employees, Board of Trustees, agents or volunteers, and the State of California for injury, accident, illness, or death occurring during, or by reason of, this field trip or excursion.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND UNDERSTAND AND AGREE TO ITS TERMS.

Parent Name: _____ Parent Signature: _____ Date: _____

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

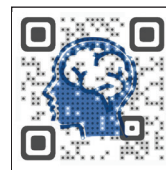
What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

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.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

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.

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.

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>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>



ATHLETIC CODE

ELIGIBILITY REQUIREMENTS:

1. Must have athletic packet completed and signed by parent & student.
2. Must have above a 2.0 and may not have any F's or 3 or more D's on report card. Any student who has below a 2.0 or receives an F or 3 or more D's in on a report card will be ineligible for all sports for the entire following trimester.
3. Student may have no more than 2 BEHAVIOR detentions per sport season. Upon receiving further behavior detentions during a sport season, the student will not be able to play in the next game.
4. Suspension or equivalent work option may result in removal from the team for up to three games.
5. The student must attend school for at least three periods on a game day, or they may not participate in that game. A team member that is excused from PE by a parent or doctor may not play in a game that day or participate at practice.
6. No unexcused absences from practice.
 - a. An unexcused absence is defined as:
 - (1) detention
 - (2) not informing a coach of an excused absence ahead of time
 - b. Excused absences are defined as:
 - (1) medical appointment
 - (2) illness
 - (3) religious reasons
 - (4) prior arrangement made by coach and player
 - c. An unexcused absence from practice will result in penalties determined by the coach.
7. All players must ride the bus with the team to away games. Players must sign out with their coach before leaving. If a player does not sign out, they will not be permitted to play in the next game.
8. A player's personal appearance must conform to what the coach determines is important to the success and safety of the player.
9. A player is not permitted to play for any other team in the *same* sport during the Cavitt season. This follows the FISAL rules.

ATHLETIC CODE

Student's Name

Grade

Date

Student's Signature

Parent Signature