

**ROCK**  
**ATHLETICS**

**HIGH SCHOOL**  
**ATHLETIC PACKET**

  
**WARRIORS**  
ROCK ACADEMY  
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Greetings from the Rock Academy,

Attached is the packet for athletes participating in a sport for the school year

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The following items need to be completed, dated and signed, where indicated, by parents and/or athletes.

1. **The Rock Academy Emergency Card**, which includes family medical insurance information;
2. **Parental Permission Form** for any School-Related Activity;
3. **Health History Form** to be completed by parent;
4. **Physical Examination Form** to be completed by Medical Staff including signature of Physician and DATE;
5. **Student/Driver Insurance Verification Form**
7. **Release of Liability Form (RISK FORM)**
8. **CIF Ethics in Sports Agreement Form**;

Please complete pages 1 through 8 and turn in to **Nick Bertaux, Rock Academy Athletic Director** prior to any participation in any sport, including try-outs, practices, tournaments and/or contests. We appreciate your cooperation and willingness to help us provide a safe and healthy year of athletics! God Bless!



## EMERGENCY CARD

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

SPORT: \_\_\_\_\_ Grade Fall: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MONTH - DAY - YEAR

Medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Known Health Risks (High BP, Asthma, Anemic Etc.) \_\_\_\_\_

Family Medical Insurance \_\_\_\_\_

Insurance Company \_\_\_\_\_

Member ID # \_\_\_\_\_

HMO OR PPO – (CIRCLE ONE) Group # \_\_\_\_\_

What hospitals are covered by your medical insurance?  
\_\_\_\_\_

Mother Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact other than Parents:  
NAME RELATIONSHIP PHONE #



## PARENTAL PERMISSION FORM FOR ANY SCHOOL-RELATED ACTIVITY

Student's Name \_\_\_\_\_

LAST

FIRST

MIDDLE INITIAL

Junior High  High School  (CHECK ONE) Grade \_\_\_\_\_

Baseball

Softball

Basketball

Cheerleading

Football

Soccer

Volleyball

Track & Field

Surf Club

Sailing Club

**\*Please complete this portion for Other and Field Trip Only**

Purpose of Field Trip (Practice or Game or Any Team Related Event) \_\_\_\_\_

Teacher/Class \_\_\_\_\_ Destination \_\_\_\_\_

Time of Departure from School \_\_\_\_\_ Time of Return \_\_\_\_\_

Dear Parent: Your signature below indicates permission for your child to participate in the above mentioned activity.

X \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN DATE

### Authorization to Consent (Treatment of a Minor)

(We), the undersigned, parent(s) of, \_\_\_\_\_

hereby authorize the Coach or Sponsor to give permission for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on medical staff of any qualified hospital (if you have a preference of hospitals, please make notation on the following) \_\_\_\_\_ or other medical facility. It is understood that this authorization is given in advance for a specific diagnosis/treatment or hospital care being required and is given to provide authority and power on the qualified physician to give specific consent to any and all such diagnosis, treatment or hospital care which the attending physician, in the exercise of his best judgment, may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

SIGNATURE

PRINT NAME

Parent's Phone: \_\_\_\_\_  
Home Work Cell



## HEALTH HISTORY FORM

(This form to be completed by Parent or Guardian)

Name \_\_\_\_\_ Age \_\_\_\_\_ M F \_\_\_\_\_ Sport \_\_\_\_\_  
CIRCLE ONE

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone (Parent) \_\_\_\_\_ Cell Phone (Athlete) \_\_\_\_\_

Do you have a family history of sudden death? Circle One: YES NO

Do you have or have you ever had any of the following:

| MEDICAL CONDITION            | YES   | NO    |
|------------------------------|-------|-------|
| Frequent or severe headaches | _____ | _____ |
| Dizziness or fainting spells | _____ | _____ |
| Unconsciousness at any time  | _____ | _____ |
| Allergies                    | _____ | _____ |
| Heart troubles               | _____ | _____ |
| Stroke                       | _____ | _____ |
| High/low blood pressure      | _____ | _____ |
| Chronic stomach trouble      | _____ | _____ |
| Kidney stone                 | _____ | _____ |
| Blood in urine               | _____ | _____ |
| Epilepsy or convulsions      | _____ | _____ |

| MEDICAL CONDITION           | YES   | NO    |
|-----------------------------|-------|-------|
| Nervous trouble of any sort | _____ | _____ |
| Any prophylactic drug use   | _____ | _____ |
| Bronchitis                  | _____ | _____ |
| Pneumonia                   | _____ | _____ |
| Bleeding ulcers             | _____ | _____ |
| Anemia                      | _____ | _____ |
| Diabetes                    | _____ | _____ |
| Rheumatic Fever             | _____ | _____ |
| Hearing difficulties        | _____ | _____ |
| Skin disease                | _____ | _____ |
| Other                       | _____ | _____ |

| ORTHOPEDIC CONDITION          | YES   | NO    |
|-------------------------------|-------|-------|
| Neck or spine injury or pain  | _____ | _____ |
| Paralyzed or unconsciousness  | _____ | _____ |
| Dislocated joint              | _____ | _____ |
| Ligament injury               | _____ | _____ |
| Fractured bones               | _____ | _____ |
| Surgery on bones or joints    | _____ | _____ |
| Ever had a cast or crutches   | _____ | _____ |
| Shoulder/ knee/ankle injuries | _____ | _____ |

**EXPLAIN YES ANSWERS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last visual exam: \_\_\_\_\_

Do you wear corrective lenses? Yes No Glasses Hard lenses Soft lenses (Circle One) Ever have an eye injury/surgery? Yes No When? \_\_\_\_\_ Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



**PHYSICAL EXAMINATION FORM**  
(To be completed by Medical Staff)

Date: \_\_\_\_\_ Athlete's Name: \_\_\_\_\_

LAST FIRST MIDDLE INITIAL

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

Pulse: \_\_\_\_\_ bpm History of Sudden Death: Yes No (Circle One)

Name and Address of Medical Office: \_\_\_\_\_

**General Medical Examination**

**Orthopedic Examination**

| #                | Satisfactory | Unsatisfactory | #              | Satisfactory | Unsatisfactory |
|------------------|--------------|----------------|----------------|--------------|----------------|
| 1 Head & Face    |              |                | 15 Neck        |              |                |
| 2 Nose & Sinus   |              |                | 16 Back        |              |                |
| 3 Mouth & Throat |              |                | 17 Shoulders   |              |                |
| 4 Ears           |              |                | 18 Arms        |              |                |
| 5 Eyes           |              |                | 19 Elbows      |              |                |
| 6 Lungs & Chest  |              |                | 20 Wrists      |              |                |
| 7 Heart          |              |                | 21 Hands       |              |                |
| 8 Abdomen        |              |                | 22 Pelvis      |              |                |
| 9 Skin           |              |                | 23 Hips        |              |                |
| 10 Vascular      |              |                | 24 Knees       |              |                |
| 11 Lymphatics    |              |                | 25 Lower Legs  |              |                |
| 12 Genitalia     |              |                | 26 Ankles      |              |                |
| 13 Neurological  |              |                | 27 Feet        |              |                |
| 14 Other         |              |                | 28 Soft Tissue |              |                |

Explanation of Unsatisfactory Condition: # \_\_\_\_\_

Comment and/or Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cleared for Participation: YES NO (CHECK ONE)**

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_



## STUDENT/DRIVER INSURANCE VERIFICATION FORM

(Please attach a copy of your current insurance card with this form.)

Name of Student/Driver \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Make of Vehicle \_\_\_\_\_

Model \_\_\_\_\_ # of Seat Belts \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

The Rock Academy drivers are required to carry minimum liability insurance of a combined single limit of \$300,000 bodily injury and property damage (referred to as 100/300) plus uninsured motorist coverage.

Liability \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_ Uninsured Motorist \$ \_\_\_\_\_

I understand that as the registered owner of the vehicle, the primary responsibility for all legal and insurance issues arising from the use of my vehicle on the behalf of the school rests entirely with me. I understand that the school's liability insurance covers only registered Rock Academy students on a school-sponsored activity, and is secondary to my personal auto and liability insurance.

\_\_\_\_\_  
STUDENT/DRIVER SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

By law, the number of people in the vehicle cannot exceed that the number of seats and seat belts.

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The Rock Academy 2277 Rosecrans St. • San Diego, CA 92106 • Phone: (619) 764.5200 • Fax: (619) 839.3752





**RELEASE OF LIABILITY FORM (RISK)**  
**ASSUMPTION OF RISK AGREEMENT FOR INTERSCHOLASTIC ATHLETIC ACTIVITIES PARTICIPATION**

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this release is prerequisite to participation in any interscholastic athletic activity. This release essentially says the student named below is going to participate in an athletic activity which involves inherent risks to participants. If he/she is hurt, injured, or even dies, you (i.e., the student, parents and heirs) will not make a claim against or sue The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, and agents, or expect them to be responsible or pay for any damages.

NOW, THEREFORE LET IT BE KNOWN: We, the undersigned, understand and acknowledge that \_\_\_\_\_, (Name of Student) has voluntarily chosen to participate in a school-sponsored athletic activity. We know and fully understand that any athletic activity or competitive sport, including, but not limited to, baseball, basketball, cheerleading, cross country, field hockey, football, golf, lacrosse, soccer, softball, track & field, volleyball, or wrestling, involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all athletic activities and sports have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by players, coaches, trainers, or other staff. We acknowledge and willingly assume all risks and hazards of potential injury and death in this athletic activity, whether in practice, games, meets, or any other type of competition, including any transportation to or from any such event.

\_\_\_\_\_'s (Name of Student) participation in this activity is purely voluntary and it is being done at his/her own risk.

In consideration for The Rock Academy allowing the above-named student to participate in this athletic activity, we voluntarily agree to release, waive, discharge, and hold harmless The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury, death and damages of any nature in any way connected with the student's participation in this activity. We also expressly agree to release and discharge The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this athletic activity, and I sign this release on his/her behalf. In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies, or his/her property is damaged, I am giving up the student's right and the rights of the parents and heirs to make a claim or file a lawsuit against The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents.

California Law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death, occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions, shall sign a statement waiving such claims." (Education Code Section 35330)

WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS ATHLETIC ACTIVITY. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE ACTIVITY AN ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

\_\_\_\_\_  
STUDENT/PARTICIPANT SIGNATURE DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE



CIF-San Diego Section  
 3636 Camino Del Rio, North #200  
 San Diego, CA 92108  
 Phone 858-292-8165  
 Fax 858-292-1375  
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**ETHICS IN SPORTS (ATHLETE-PARENT/GUARDIAN/CAREGIVER) -- 2019-2020**  
 (Revised 3/09)

**I. POLICY STATEMENT**

- It is the mission of the California Interscholastic Federation, San Diego Section (CIFSDS) to promote high standards of sportsmanlike and ethical behavior in and around athletic contests played under its sanction and, in life, in general. Citizenship, Integrity, and Fairness are embodied in that mission. CIF and CIFSDS contests must be safe, courteous, fair, controlled, and orderly for the benefit of all athletes, coaches, officials, and spectators, and behavior by all involved at all times should manifest the highest standards of conduct.
- It is the intent of the section membership that poor sportsmanship, unethical behavior, and violence, in any form, will not be tolerated in athletic contests or practices. In order to enforce this policy, the membership, through its Board of Managers, has established rules and regulations.
- Coaches assume the responsibility to teach and demand high standards of conduct of their athletes both on the field of play and in everyday life, in season and out of season.
- It is the school principal's responsibility to enforce all CIFSDS rules and regulations and to demand high standards of conduct from coaches, athletes, parents/guardians, and spectators. The principal shall demand strict adherence to all the CIF State and CIFSDS rules, regulations, and procedures.
- Participation in interscholastic athletics and section playoffs is a privilege.
- The CIFSDS Board of Managers requires that the following Code of Ethics be issued to and signed by each student-athlete, parent, coach, and officials' association. Penalties for failure to submit a signed Code of Ethics are:
 

|                          |  |
|--------------------------|--|
| 1. Athlete               | Ineligibility for participation in CIF-San Diego Section athletics |
| 2. Coach                 | Restricted from coaching in CIF-San Diego Section contests         |
| 3. Officials Association | Not approved to officiate in the CIF-San Diego Section             |
| 4. Parent                | Prohibition/Removal from attendance at CIF or CIFSDS event         |
- Failure to abide by the standards of behavior as agreed will result in a penalty up to and including disqualification to participate.

**II. CODE OF ETHICS FOR STUDENT-ATHLETE, PARENT/GUARDIAN/CAREGIVER, COACH, CONTEST OFFICIAL**

- A. Comply with the six pillars and 16 Principles of the Pursuing Victory with Honor program (on reverse side).
- B. Be courteous at all times with school officials, opponents, game officials, and spectators.
- C. Exercise self-control.
- D. Know all rules of the contest, of CIF State, and the CIFSDS and agree to follow the rules.
- E. Show respect for self, players, officials, coaches, and spectators.
- F. Refrain from the use of foul and/or abusive language at all times.
- G. Respect the integrity and judgment of game officials.
- H. An athletic director, sports coach, school official or employee or booster club/sport group member may not provide any muscle-building nutritional supplements to student-athletes at any time. A school may only accept an advertisement, sponsor, or donation from a supplement manufacturer that offers only non-muscle building nutritional supplements. A school may not accept an advertisement sponsorship or donation from a distributor of a dietary supplement whose name appears on the label. Permissible non-muscle building nutritional supplements are identified according to the following classes: Carbohydrate/electrolyte drinks; energy bars, carbohydrate boosters, and vitamins and minerals. (Revised - Federated Council May 2007.)
- I. **Win with character; lose with dignity.**

**Accept consequences of conduct deemed inappropriate or in violation of rules.**

I have read, understand, and accept the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory with Honor, and the Violations, Minimum Penalties, and Appeal Process (on attached page) of the CIF-San Diego Section **ETHICS IN SPORTS** Policy. I agree to abide by this policy while participating and/or being a spectator at CIFSDS athletic events regardless of contest site or jurisdiction.

\_\_\_\_\_  
 Signature – Athlete

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature -- Parent/Guardian/Caregiver

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

## PURSuing VICTORY WITH HONOR

### SIX PILLARS OF CHARACTER

TRUSTWORTHINESS   RESPECT   RESPONSIBILITY   FAIRNESS   CARING   GOOD CITIZENSHIP

### SIXTEEN PRINCIPLES OF PURSUING VICTORY WITH HONOR

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."
2. It's the duty of School Boards, superintendents, school administrators, parents, and school sports leadership - including coaches, athletic administrators, program directors, and game officials - to promote sportsmanship and foster good character by teaching, enforcing, advocating, and modeling these "six pillars of character."
3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical, and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.
4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules, and they must conduct themselves, on and off the field, as positive role models who exemplify good character.
5. School Boards, superintendents, school administrators, parents, and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents, and spectators.
6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.
7. The importance of character, ethics, and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.
8. School Boards, superintendents, school administrators, parents, and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.
9. School Boards, superintendents, principals, school administrators, and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical, and ethical well-being of student-athletes is always placed above desires and pressure to win.
10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.
11. Everyone involved in competition including parents, spectators, associated student body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting, and inappropriate celebrations.
12. School Boards, superintendents, and school administrators of CIF member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of: 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character. 2) The physical capabilities and limitations of the age group coached as well as first aid and CPR. 3) Coaching principles and the rules and strategies of the sport.
13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.
14. To safeguard the health of athletes and the integrity of the sport, school sports programs must actively prohibit the use of alcohol, tobacco, drugs, and performance-enhancing substances, as well as demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school's name or reputation. There should be no undue interference or influence of commercial interests. In addition, sports programs must be prudent, avoiding undue financial dependency on particular companies or sponsors.
16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimension of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring, and good citizens.

## VIOLATIONS, MINIMUM PENALTIES, AND APPEAL PROCESS

(Applicable to players and coaches from time of departure for contest until time of return.)

| <b>ACT</b>   | <b>MINIMUM PENALTIES*</b>  |
|--|--|
| 1. Behavior resulting in ejection of athlete or coach from contest   | <p><b>EJECTION POLICY:</b><br/>Any coach, team attendant, or spectator ejected by a contest official from any contest for any reason, at any level, is suspended indefinitely from participation, practice, or attending (site and sound) any sports contest, until the first of the following occurs: the ejected person serves the tentative penalty recommended by the commissioner; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes.</p> <p>Any player ejected by a contest official from any contest for any reason is suspended from participation in the next contest(s) until the tentative penalty recommended by the commissioner is served, or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes. Players are permitted to practice with the team and attend contests, but not in game uniform, during the period of suspension. (Approved June 3, 2008, Board of Managers). Meetings will be scheduled at a time to be announced. There is no appeal of the Commissioner's decision. Telephonic and electronic meetings are not permitted.</p> <p>Additionally, any person ejected (coach, player, spectator) is required to attend a CIFSDS Ethics In Sports Sportsmanship Meeting, which will be held at a time to be announced. Failure to attend the sportsmanship meeting will result in immediate suspension of athletic eligibility or attendance (site and sound) at contests or practices until such time as the ejected person attends a Sportsmanship Meeting. (Approved June 7, 2005, Board of Managers).</p> |
| 2. Illegal participation in next contest by athlete ejected from previous contest.   | <p>Ineligibility for remainder of season for athlete. A written appeal may be made by the individual or school to the commissioner.</p> <p>A coach, who permits participation by a player ejected from a previous contest, knowingly violates a CIF or San Diego Section rule, and penalty may include a sanction to the school, coach, or suspension of membership.</p>   |
| 3. Second ejection of athlete or coach from any contest during one season.   | <p>Ineligibility of athlete for remainder of season or suspension of coach for remainder of season. A written appeal may be made by the school principal within two school days to the commissioner for reduction of penalty. Official to make report by the next school day to the commissioner.</p>  |
| 4. When an athlete leaves the bench area or fielding position to begin an altercation.   | <p>Ejection from the contest for those designated by the official, ineligibility for the next contest, probation for remainder of season. Those players involved are later identified, ineligible for next contest and probation for remainder of season. A written appeal may be made by the individual(s) or school to the commissioner. Official to make report by the next school day to the commissioner.</p> <p>A similar infraction of this act by the same athlete(s) during the same season will result in termination of the season for the athlete(s) concerned. A written appeal may be made by the school principal to the Commissioner.</p>  |
| 5. When more than two athletes leave the bench area or fielding position to begin a confrontation or leave the bench area or fielding position to join an altercation. | <p>Contest will be stopped by officials and coaches. Ejection from the contest for those athlete(s) designated by the officials. The team(s) that left the bench area must forfeit the contest, record a loss, and the team(s) and player(s) placed on probation for the remainder of the season. A written appeal may be made by the school(s) principal to the commissioner. A second infraction will result in cessation of the season for the team(s) and/or athlete(s). A written appeal may be made by the school(s) principal to the commissioner. Official to make report by the next school day to the commissioner.</p> <p>If the act occurs in the CIF-San Diego Finals, and both teams are charged with a forfeit, there will be no champion. A written appeal may be made by school(s) principal to the commissioner. Official to make report by the next school day to commissioner.</p>   |
| 6. Other acts committed by individuals or teams or acts committed at end of season.  | <p>Commissioner, as authorized by Green Book, to determine and implement penalties up to and including career suspension for individuals and following year penalties for teams.</p>   |
| 7. Use of an ineligible player in a contest.   | <p>If a team uses an ineligible player in a contest(s), the contest(s) shall be forfeited. The number of forfeited contest(s) exceeds the maximum permitted in accordance with the CIFSDS Forfeit Policy (see Green Book) the team shall be excluded from CIFSDS playoffs.</p> <p>If an ineligible individual is permitted to participate in an individual sport, that individual is excluded from playoffs, and the school is subject to penalties for a willful violation of a rule.</p>   |

\*Commissioner, as authorized by Green Book, may determine and implement additional penalties up to and including career suspension for individuals and following year penalties for teams.

# 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.

### 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 a portable, battery-powered device that can be used by anyone to help someone who has collapsed and is not breathing or has a weak pulse.



AEDs are designed to be used by anyone, even someone who has never used one before. They are easy to use and can be used by anyone who has been trained in CPR. AEDs are designed to be used by anyone who has been trained in CPR. AEDs are designed to be used by anyone who has been trained in CPR.

## 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.**  
Gaspings, 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.

Cardiac Chain of Survival Courtesy of Forest Heart Watch

# 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 (frees have been called) during or after exercise
- Fainting (frees have been called) during or after exercise
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### Factors That Increase the Risk of SCA

- Family history of early death (sudden cardiac death) in the young
- Genetic heart disease (Long QT Syndrome, Brugada Syndrome, Left Bundle Branch Block, Hypertrophic Cardiomyopathy, Coronary Artery Dissection, Aortic Dissection, Marfan Syndrome)
- Family members with structural heart disease (myocardial infarction, congenital aortic disease, bicuspid aortic valve, etc.)
- History of chest pain, abnormal ECG, or fainting
- History of fainting, chest pain, or abnormal ECG

### 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>





**CALIFORNIA INTERSCHOLASTIC FEDERATION  
MANDATORY STEROID POLICY**



"As a condition of membership into the CIF, all member schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating student athletes 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." (CIF Bylaw 503.1)

PRINT NAME OF STUDENT ATHLETE: \_\_\_\_\_

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student-athlete named herein, 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 202, there could be penalties for false or fraudulent information. We also understand that the school's policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
*Signature of Student-Athlete named above*

\_\_\_\_\_  
*Date*

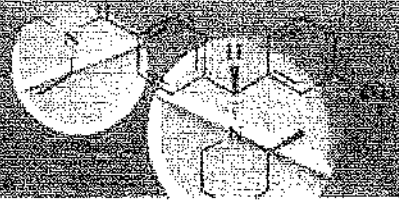
\_\_\_\_\_  
*Print or type name of Parent/Guardian/Caregiver signing below*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Signature of Parent/Guardian/Caregiver*

\_\_\_\_\_  
*Date*

# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as  
**1 in 4**  
PEOPLE\*



receiving prescription opioids long term in a primary care setting struggles with addiction.

\* Findings from one study

## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose.
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL  
AND PREVENTION



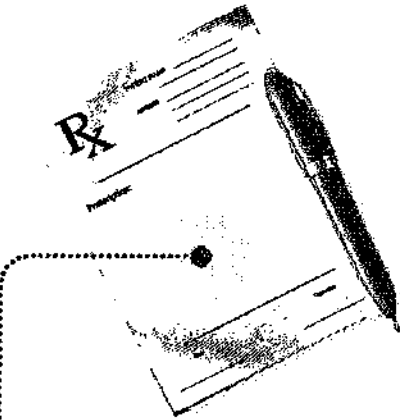
American Hospital  
Association



## KNOW YOUR OPTIONS

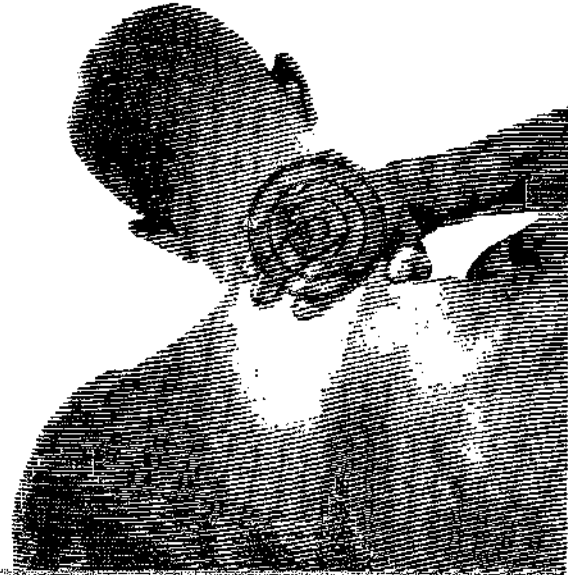
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options may actually work better and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



### Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within \_\_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



## CIF Concussion Information Sheet

### Why am I getting this information sheet?

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

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

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### What is a concussion and how would I recognize one?

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

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

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

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

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

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

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

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

**Signs observed by teammates, parents and coaches include:**

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

**Symptoms may include one or more of the following:**

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

**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay-home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website ([cifstate.org](http://cifstate.org)) for more information on Return to Learn.

**How is Return to Play (RTP) determined?**

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

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

**Final Thoughts for Parents and Guardians:**

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

**References:**

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cifstate.org/concussion/010614/010614results.html>

CIFSTATE.ORG

CIF 5/2015



CALIFORNIA INTERSCHOLASTIC FEDERATION

OPIOIDS & CONCUSSION INFORMATION  
SHEET



PRINT NAME OF STUDENT ATHLETE: \_\_\_\_\_

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student-athlete named herein have read the information sheets on OPIOIDS & CONCUSSION PROTOCOLS. We also recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the school's policy regarding OPIOIDS & CONCUSSION PROTOCOL will be enforced.

\_\_\_\_\_  
*Signature of Student-Athlete named above*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print or type name of Parent/Guardian/Caregiver signing below*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Signature of Parent/Guardian/Caregiver*

\_\_\_\_\_  
*Date*