

Athlete and Parent/Guardian Checklist

1. Sports Physical filled out by Athlete and Parent/Guardian – Pages 2 and 3 _____
2. Sports Physical filled out by Physician – Pages 4 and 5 _____
3. Sports Permit filled out by Athlete and Parent/Guardian – Page 6 _____
4. CIF Code of Ethics filled out by Athlete and Parent/Guardian – Page 7 _____
5. Sudden Cardiac arrest filled out by Athlete and Parent/Guardian – Pages 8 and 9 _____
6. Concussion Information filled out by Athlete and Parent/Guardian – Pages 10 and 11 _____
7. Pursuing Victory with Honor filled out by Parent/Guardian – Page 12 _____
8. FOOTBALL ONLY –Insurance Verification filled out by all Football Parent/Guardian – Page 13 _____
9. FOOTBALL ONLY – SISC Insurance **OPTIONAL** filled out by Football Parent/Guardian – Pages 14 and 15 _____

Make sure all forms are filled out by the Athlete and Parent/Guardian.

Double check everything is completed prior to turning in.

Please use the checklist above for reference.

Forms can be dropped off to the office or can be PDF and emailed to tmagallanes@syvuhsd.org

SANTA YNEZ ATHLETICS

Date of examination: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form before your appointment.

Name: _____ Date of birth: _____

Sport(s): _____

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

List past and current medical conditions. _____

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

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

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

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

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

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

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

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

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

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

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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SANTA YNEZ ATHLETICS

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____

Date of birth: _____

PHYSICIAN REMINDERS

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

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

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

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

Date: _____

Address: _____

Phone: _____

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

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

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

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

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

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

Address: _____ Phone: _____

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

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Santa Ynez Valley Union High School District SPORTS PARTICIPATION PERMIT

Students may not practice or compete on any athletic team at Santa Ynez Valley Union High School until this permit is completed and on file in the Athletic Department at Santa Ynez Valley Union High School.
(This permit and physical is valid for one year from the date of signing)

Last Name	First Name	Grade	Year	Male/Female
Parent/Guardian Name		Sport(s)		
Emergency contact: Phone--Home		Work	Email	

Section 1 -- Parent/Guardian Statement-REQUIRED FOR ALL SPORTS -- I hereby give permission for my son/daughter to participate on athletic teams at Santa Ynez Valley Union High School. I also give permission for the representative of the school in charge of the activity to authorize emergency medical treatment for my son/daughter in the event that it is needed and I am not available. I also authorize my son/daughter to be transported by the school to and from athletic activities in transportation provided by the school. This transportation may be in the form of a bus, van, or private car driven by a volunteer driver.

Parent/Guardian Signature	Date
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Section 2 -- Warning to Student and Parents -- SERIOUS, CATASTROPHIC, and PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION. - REQUIRED FOR ALL SPORTS

- By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.
- Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.
- Students and parents must assess the risk involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.
- By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.
- By choosing to participate, you, the student acknowledge that such risk exists.
- Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice competition. Students MUST adhere to that instruction and utilization MUST refrain from improper use and techniques.
- As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.
- If any of the foregoing is not completely understood, please contact your school principal for further information.
- Signature will acknowledge that we have read and understood the material contained in the "Warning to Students and Parents."

Parent/Guardian Signature	Athlete Signature	Date
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CIF Code of Ethics – Athletes

Athletics is an integral part of the school’s total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school’s stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

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 (Article 523).

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 recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the Santa Ynez Valley Union High School District’s policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director’s office at the local high school on an annual basis and the Principal’s Statement of Compliance must be on file at the CIF Central Section office.

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 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>

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



Santa Ynez High School

Concussion Information Sheet

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

Santa Ynez High School
Concussion Information Sheet

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

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

If you think your child has suffered a concussion

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

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

and

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

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

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Athlete Printed Name: _____

Athlete Signature: _____

Parent Signature: _____

Date: _____

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Pursuing Victory With Honor*

Code of Conduct for Parents/Guardians

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character”SM). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child’s sports experience.

TRUSTWORTHINESS

- *Trustworthiness* — Be worthy of trust in all you do.
- *Integrity* — Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what’s right even when it’s unpopular or personally costly.
- *Honesty* — Live honorably. Don’t lie, cheat, steal or engage in any other dishonest conduct.
- *Reliability* — Fulfill commitments. Do what you say you will do.
- *Loyalty* — Be loyal to the school and team; Put the interests of the team above your child’s personal glory.

RESPECT

- *Respect* — Treat all people with respect at all times and require the same of your student-athletes.
- *Class* — Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and 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 nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- *Respect for Officials* — Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

- *Importance of Education* — Support the concept of “being a student first.” Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.
- *Role Modeling* — Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates

with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.

- *Self-Control* — Exercise self-control. Don’t fight or show excessive displays of anger or frustration.
- *Healthy Lifestyle* — Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-the-counter nutritional supplements, as well as of unhealthy techniques to gain, lose or maintain weight.
- *Integrity of the Game* — Protect the integrity of the game. Don’t gamble or associate with gamblers.
- *Sexual Conduct* — Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

FAIRNESS

- *Fairness and Openness* — Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING

- *Caring Environment* — Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team.

CITIZENSHIP

- *Spirit of the Rules* — Honor the spirit and the letter of rules. Teach your children to 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 and acknowledge that I may be disciplined if I violate any of its provisions.

Parent/Guardian Signature

Date

**FOOTBALL ONLY: To be completed if Tackle Football Coverage IS NOT purchased
SANTA YNEZ VALLEY UNION HIGH SCHOOL DISTRICT**

FOOTBALL INSURANCE VERIFICATION

REQUIRED FOR ALL FOOTBALL ATHLETES

The California Education Code requires insurance coverage in the amount of at least \$1500 for medical and hospital expenses resulting from accidental bodily injury to members of any athletic team injured while participating in, or practicing for, interschool athletic events, or while being transported to and from such athletic events.

Athletic team members are defined by the law to include any student who travels to and performs duties in connection with the team or athletic event.

I hereby verify that there is held on behalf of my child, _____, a student at Santa Ynez High School, Santa Ynez Valley Union High School District, an insurance policy in an amount equal to or greater than that required by the California Education Code Sections 32220-24 and 35330-31 for medical and hospital expenses resulting from accidental bodily injury while participating in, or practicing for, interschool athletic events, or while being transported to and from such athletic events.

My \$1500 accidental bodily injury policy number is _____ which is issued by _____ Insurance Company (NOT the agent).

NOTE: Your attention is directed to the fact that many insurance policies exclude tackle football. PLEASE READ YOUR POLICY. YOU MAY NEED ADDITIONAL INSURANCE. I also agree to indemnify and hold harmless Santa Ynez Valley Union High School District from any and all responsibility or liability arising out of or in any way related to the requirement under the aforementioned code section to provide insurance coverage for the above-named student.

Signature of Parent or Guardian

Date

Home Address

Telephone Number

I DO NOT want to purchase the SISC Tackle Football Coverage INITIAL: _____

**MEDICAL AUTHORIZATION
REQUIRED FOR ALL FOOTBALL ATHLETES**

TO WHOM IT MAY CONCERN:

I, the undersigned being the parent or legal guardian of _____, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teach, coach, teacher's aide, principal, or any member of the District Board of Education. Further, should the attending physician determine after examination that life saving surgery or other life-saving procedures may be necessary, permission is hereby extended to the above parties to grant same. Additionally, I agree to hold harmless such personnel and Santa Ynez Valley Union High School District Board of Education by my action of granting said permission.

Signature of Parent or Guardian

Date

This form may be photocopied to accommodate your needs. Please make sure that any athlete who does NOT purchase the SISC Tackle Football Coverage completes this form indicating they have other insurance that meets the coverage requirements.



LIMITATIONS AND EXCLUSIONS

POLICY COVERAGE DATES: 7/1 TO 6/30

Medical expense benefits are limited as shown in the Summary of Benefits and may not pay all bills in their entirety. Benefits are payable only for expenses incurred for treatment, services and supplies rendered within 52 weeks of the accident. Treatment must commence within 30 days of the date of the accident. In-patient hospitalization must commence within 26 weeks of the date of the accident. The following limitations apply to the maximum benefits payable for charges incurred as the result of one accident.

MOTOR VEHICLE ACCIDENTS

Maximum Amount - \$1,500

ATHLETIC AIR TEAM TRAVEL ACCIDENT

Maximum Amount - \$1,500

NON-DUPLICATION OF BENEFITS PROVISION

If the student has other valid and collectible coverage, including pre-paid health plans, a claim must be filed with the other insurance company. However, SISC is primary to Medi-Cal and TriCare. After the primary insurance has paid, SISC will pay allowable benefits on the balance of the bills.

EXCLUSIONS

The policy does not cover and no payment will be made as a result of injury sustained prior to the effective date of insurance; intentionally, self-inflicted injury; suicide or any attempt there at; injury sustained while under the influence of alcohol or non-physician prescribed drugs; or while traveling in or on any aircraft or vehicle for air navigation except while as a passenger in a civilian aircraft operated by a scheduled airline; or while traveling in or on a motor vehicle (except to or from games away from the school under direct school supervision). No benefits are payable for hernia, illness or disease, eye examinations, eye glasses (except as specified in the Summary of Benefits), contact lenses, dental work (except prompt repair of injury to natural teeth) including orthodontic procedures, appliances and dentures; reconstructive or cosmetic surgery except as necessary for repair of injury; or injuries which are not accidental; C.P.M. machines, any type of bone growth stimulating device or machine; injuries as a result of fighting. No insurance is provided for injuries covered by workers' compensation or similar legislation; or care, treatment services or supplies not recommended and approved by a physician or which are not necessary; or to the extent that charges exceed reasonable and customary amounts; or charges that would not have been made if no insurance was in force.

TACKLE FOOTBALL COVERAGE PROGRAM



SISC

Self-Insured Schools of California

P.O. Box 1847
Bakersfield, CA 93303-1847
Phone (661) 636-4710
FAX (661) 636-4418

A joint powers authority administered by the
Kern County Superintendent of Schools Office
Mary C. Barlow, Superintendent

Designed Especially for
SISC II Member Districts



SISC

Self-Insured Schools of California
Schools Helping Schools

SUMMARY OF BENEFITS

The policy will pay up to \$15,000 for covered medical expenses due to accidental bodily injury sustained in any one accident which occurs on or after the effective date of coverage. The covered treatment, care, services must be rendered within 52 weeks of the accident and benefits for covered expenses shall not exceed the specified amounts shown below. Accidental Death benefits of \$2,500 and Dismemberment Benefits up to \$15,000 are payable for loss resulting from accidental bodily injury within 30 days of the injury. The policy is secondary to all other valid and collectible insurances with the exception of Medi-Cal and Tricare.

Coverage and Benefits		
POLICY MAXIMUM per covered accident		\$15,000
DEDUCTIBLE		None
PHYSICIAN FEES - NON-SURGICAL (Excluding physical therapy/chiropractic)		\$45 Initial Visit \$75 Initial ER Visit \$25 Subsequent Visit
X-RAYS in or out of hospital including reading or interpretation thereof but excluding dental X-rays, not to exceed the amount specified below as the result of any one accident.		\$200
SURGEON		100% to \$1,000
ASSISTANT SURGEON		Up to \$250
ANESTHESIOLOGIST		Up to \$250
IN-PATIENT HOSPITAL	Room Rate Intensive Care	Semi-Private 2 x Semi-Private
HOSPITAL MISCELLANEOUS	Inpatient expense	80% to \$5,000
EMERGENCY ROOM CARE		Up to \$500
OUT-PATIENT SURGERY FACILITIES (room and supplies)		80% to \$2,000
DIAGNOSTIC IMAGING (MRI/CAT Scan)	Aggregate	\$750
LAND AMBULANCE SERVICE		Usual and Customary
PHYSICAL THERAPY/CHIROPRACTIC SERVICES		15 Visits @ \$25
DENTAL TREATMENT (per tooth)		\$500
ORTHOPEDIC APPLIANCES (prescribed by a physician)		Usual and Customary
OUT-PATIENT DRUGS		Usual and Customary
CASTING SUPPLIES		Usual and Customary
OUT-PATIENT LAB BENEFIT		\$75
EYEGLOSS REPLACEMENT (Replacement of broken eyeglasses or lenses resulting from a covered accident requiring medical treatment. Routine refractions or eye exams are not covered.)		\$100

HIGH SCHOOL FOOTBALL COVERAGE

Note: Tackle Football is not covered under the SISC Student Accident Coverage Program.

SISC Tackle Football Coverage provides protection from an accident which occurs while practicing for, participating in a regularly scheduled and school sponsored tackle football game or traveling as a team member on school transportation to or from games not on the school grounds.

The accident must occur while the policy is in force and applies only to those parties where an application has been received and for whom the required premium has been paid.

Coverage becomes effective for the participant when the school district or SISC receive both the completed application and the premium.

No refunds or credits can be allowed for players who fail to make the squad or fail to complete the season.

Premium Rates - Single one time payment.

Football Coverage: \$60.00 MAKE CHECKS PAYABLE TO SANTA YNEZ HIGH SCHOOL

Application Procedures

1. Complete the detachable application form and return it to the appropriate staff person at your school site.
2. Provide the premium payment to your school in the form of check or money order.
3. Retain the summary of benefits for future reference.
4. Claims are processed by SISC. If you have any questions, please call the number listed on the application.

Retain this Summary of Benefits

This summary of benefits is not a policy or certificate. Individual policies or certificates are not issued. Payment of benefits will be made in accordance with the policy terms. If any statement in the Summary of Benefits and any policy provisions differ, the policy will govern. Direct questions regarding the Master Policy to SISC.

APPLICATION FOR TACKLE FOOTBALL COVERAGE (ONLY)

STUDENT'S LAST NAME		
FIRST NAME		
DATE OF BIRTH	GRADE	AGE
SCHOOL NAME SANTA YNEZ		
SCHOOL DISTRICT SYVUHSD		
NAME OF PARENT OR GUARDIAN		
ADDRESS		
CITY	STATE	ZIP
SIGNATURE OF PARENT OR GUARDIAN		DATE

PLEASE RETURN THIS APPLICATION AND PREMIUM PAYMENT TO SCHOOL OFFICIAL.

TO BE COMPLETED BY SCHOOL DISTRICT

NAME OF SCHOOL DISTRICT
DATE RECEIVED
STUDENT NAME (PLEASE PRINT)
SIGNATURE OF SCHOOL DISTRICT OFFICIAL

PREMIUM RECEIVED \$



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