

GLENDALE UNIFIED SCHOOL DISTRICT
STUDENT SUPPORT SERVICES
223 North Jackson Street
Glendale, California 91206
(818) 241-3111

TO: Parents/Legal Guardians and District High School Students

FROM: H. A. Paz, Director, Student Support Services

SUBJECT: **Extra/Co-Curricular Eligibility Information and Forms**

Participation in Glendale Unified School District's extra/co-curricular programs is voluntary. To be eligible, a student must complete each of the items listed below. **All** necessary forms must be completed and returned to your high school before you will be allowed to participate in any extra/co-curricular activities, practices, or events.

1. **Purchase an Associated Student Body Card**: Most programs are funded by the Associated Student Body (A.S.B.) and all program participants are expected to purchase a student body card in order to participate. The A.S.B. cards may be purchased at the Student Store or through the school administration.
2. **Parental Consent and Assumption of Risk for Participation in Interschool Extra/Co-Curricular Programs and Parental Authorization for Emergency Medical Treatment**
3. **Pre-participation Examination - History/Physical**: A student must obtain, or have on file, prior to their season of participation in an extra/co-curricular program, a form certifying they have had a physical examination by a licensed doctor. Once a student has had a physical, he or she is then certified physically fit for one calendar year from the date listed on the form.
4. **Confirmation of Extra/Co-Curricular Insurance**: California Education Code, Chapter 1010, AB3100, Chapter 2, Article 3, Sections 32220-32224, makes it mandatory that the school be furnished evidence of student insurance coverage of at least \$1,500 medical and hospital benefits to cover the student while practicing for, participating in, or traveling to/from interschool extra/co-curricular events. This includes members of school bands or orchestras, cheerleaders, pompom girls, team managers, and their assistants. If you already have insurance, complete and sign the section of the form entitled: *Provision I, Confirmation of Existing Accident Insurance Coverage*.

If you need to purchase insurance, sign the section of the form entitled: *Provision II, Confirmation of Intent to Purchase Student Accident Insurance*. The application for this school insurance is available through the Athletic Director at the student's school. The application and fee must be returned to the advisor before you will be allowed to participate.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the Healthy Families Program at (800) 880-5305.

5. **Extra/Co-Curricular Participation Agreement**: Read the agreement carefully so you know what is expected. Signatures of both parent/guardian and student are required.
6. **Code of Conduct Agreement for Extra/Co-Curricular Students**
7. **Volunteer Automobile Use Permission Form**

REMEMBER: An A.S.B. Card is Expected to be Purchased and ALL Forms Signed and Returned Before a Student Will be Allowed to Participate.

Glendale Unified School District

**PARENTAL CONSENT AND ASSUMPTION OF RISK
FOR PARTICIPATION IN INTERSCHOOL EXTRA/CO-CURRICULAR PROGRAMS**

I do hereby give my consent for my son/daughter/ward to participate in interschool extra/co-curricular activities and to travel to sports contests/events with an authorized representative of the school. I am aware that in some cases, such as practice sessions, the automobile may be driven by another student.

I understand that the school is relieved of all responsibility in case the student is injured while traveling to or participating in any extra/co-curricular event.

I understand and acknowledge that some extra/co-curricular activities, by their very nature, pose the potential risk of serious injury (sprains/strains, fractures, unconsciousness, paralysis, loss of eyesight, etc.) or death to individuals who participate in such activities.

I further understand and acknowledge that participation in extra/co-curricular activities is completely voluntary and not required by the Glendale Unified School District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter/ward agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter/ward which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this, *Parental Consent and Assumption of Risk for Participation In Interschool Extra/Co-Curricular Programs* form and that I understand and agree to its terms.

Signature of Parent/Guardian _____ Date _____

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student's Name

Should it be necessary for my child/ward to have medical treatment while participating in this trip/sport, I hereby give the District personnel permission to use their judgment in obtaining medical services for my child/ward and I give permission to the physician selected by the District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District has no insurance covering such medical and hospital costs incurred by my child/ward and therefore any costs for such treatments shall be my sole responsibility.

Parent/Guardian Signature of Approval

MEDICAL AUTHORIZATION

Parent/Guardian (please print)

Address

Home Telephone

Business Telephone

Cell or Emergency Telephone

Date

PLEASE CHECK IF SPECIAL INSRUCTIONS REGARDING MEDICAL TREATMENT FOR YOUR CHILD/WARD ARE ON FILE AT SCHOOL OF ATTENDANCE.

Glendale Unified School District

PRE-PARTICIPATION PHYSICAL EVALUATION

HISTORY

Date Of Exam _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) / Activity _____

Address _____ Phone _____

Personal Physician _____

In case of emergency, contact: Name _____ Relationship _____

Home phone # _____ Cell phone # _____ Work phone # _____

**Explain all "Yes" answers below, circle questions you don't know the answer to.*

Yes No	Yes No
<p>___ ___ 1. Have you had a medical illness or injury since your last checkup or sports physical? Do you have an ongoing or chronic illness?</p> <p>___ ___ 2. Have you ever been hospitalized overnight? Have you ever had surgery?</p> <p>___ ___ 3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?</p> <p>___ ___ 4. Do you have any allergies (examples: pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?</p> <p>___ ___ 5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you had severe viral infection (examples: myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted our participation in sports for any heart problems?</p> <p>___ ___ 6. Do you have any current skin problems (examples: itching, rashes, acne, warts, fungus, or blisters)?</p> <p>___ ___ 7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?</p> <p>___ ___ 8. Have you ever become ill from exercising in the heat?</p> <p>___ ___ 9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment?</p>	<p>___ ___ 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (examples: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?</p> <p>___ ___ 11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?</p> <p>___ ___ 12. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendon, bones, or joints? <i>If "Yes", check all appropriate spaces and * explain below:</i></p> <p>___ Head ___ Neck ___ Back ___ Chest ___ Shoulder ___ Upper Arm ___ Elbow ___ Forearm ___ Wrist ___ Hand ___ Finger ___ Hip ___ Thigh ___ Knee ___ Shin/Calf ___ Ankle ___ Foot</p> <p>___ ___ 13. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your activity?</p> <p>___ ___ 14. Do you feel "stressed out"?</p> <p>15. Record the dates of your most recent immunizations (shots) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____</p> <p>Females Only:</p> <p>16. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____</p> <p><i>*Explain all "Yes" answers here:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

I hereby certify that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Parent/Guardian

Date

Signature of Student

Date

I give permission for my son/daughter/ward to be examined by his/her own physician, or a physician associated with Glendale Healthy Kids, Glendale Memorial Hospital & Health Center, Verdugo Hills Hospital, Verdugo Hills Medical Associates, or Family Medicine Center.

Signature of Parent/Guardian

Date

PRE-PARTICIPATION PHYSICAL EVALUATION (continued)

PHYSICAL EXAMINATION

Name _____ Date of Birth _____
 Height _____ Weight _____ %Body Fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____, _____ / _____)
 Vision: R 20 / _____ L 20 / _____ Corrected (check): Y _____ N _____ Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	*INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

CLEARANCE:

_____ CLEARED

_____ CLEARED AFTER COMPLETING EVALUATION/REHABILITATION FOR:

_____ NOT CLEARED FOR: _____ Reason: _____

Recommendation(s): _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____

Glendale Unified School District

CONFIRMATION OF EXTRA/CO-CURRICULAR INSURANCE

Please Complete and Return to Your School:

School Name Grade

Pupil's Last Name First Name Teacher Room

California law (Education Code 32221 et seq.) requires that any pupil engaged in, practicing for, and/or traveling to and from school-sponsored interschool extra/co-curricular activities/events be covered by valid insurance which provides at least \$1,500 insurance protection for medical and hospital expense. This includes members of school bands and orchestras, cheerleaders, pompom girls, team managers, and their assistants.

You may comply with these insurance requirements by meeting one of the following provisions:

PROVISION I: Confirmation of Existing Accident Insurance Coverage

I do hereby certify that our family insurance plan conforms to California law and provides the required coverage for emergency medical and hospital expenses. Our family insurance plan will remain in effect throughout the school year.

Name of Insurance Company _____

Date _____ Signature of Parent or Guardian _____

PROVISION II: Confirmation of Intent to Purchase Student Accident Insurance

I am purchasing the Student Accident Insurance policy offered by the District. I understand that the Student Accident Insurance policy provides medical and hospital benefits in compliance with California law for students while participating in school-sponsored activities.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the Healthy Families Program (800) 880-5305.

Date _____ Signature of Parent or Guardian _____

Glendale Unified School District

EXTRA/CO-CURRICULAR PARTICIPATION AGREEMENT

I, _____, a student in the Glendale Unified School District, agree to uphold and abide by the rules and regulations of my school and the Glendale Unified School District. I realize that participation in the extra/co-curricular program in the District is voluntary and available to all students. In choosing to participate in the program, I agree to abide by all aspects of this participation agreement:

A. Rules of the School

1. It is my responsibility as a student/athlete to know and abide by the rules of my school.

B. School Grades: "C" Average

1. As a participant in the extra/co-curricular program, I must earn a 2.0 grade point average at each quarterly grading period to remain eligible.
2. California Interscholastic Federation (CIF) rules state that I must be passing four or more subjects in order to be eligible for this program.

C. Attendance

1. I am expected to attend all of my regularly scheduled classes.
2. Truancies: A truancy is defined as missing one or more periods in a given day without a legitimate excuse.
 - a. Truancies and poor attendance will jeopardize my eligibility and will affect my participation in this program.
 - b. Excessive absences/truancies will warrant suspension from the program in which I am participating.

D. Termination From Team

1. If I quit or am dropped from the extra/co-curricular program, the advisor will notify my counselor, and I will be withdrawn from the program and enrolled in another class for the remainder of the semester unless the counselor determines otherwise.

E. Substance Abuse: Alcohol, Drugs, or Tobacco

1. I will not have in my possession nor will I drink alcohol, smoke, or chew tobacco, or use any illegal or controlled substance without a prescription. If I am in violation of any of the above, it will result in a conference with my advisor, a telephone call to my parents and/or guardian, and my suspension from the program for a five-week eligibility period that would cross seasons or school years, and probable suspension from school.
2. I am aware that a second violation of Item E.1 will result in probable suspension from school, a conference with my advisor, a telephone call to my parents and/or guardian, and my suspension from my school's program for one (1) year from the date of the violation.
3. I am aware that a third violation of Item E.1 will result in probable suspension from school, a conference with my advisor, a telephone call to my parents and/or guardian, and my permanent suspension from my school's program.

Extra/Co-Curricular
Participation Agreement (continued)

4. I am aware that a second or third violation of Item E.1 could result in further disciplinary action, such as expulsion from the District.

F. Hazing, Sexual Harassment, and Verbal Abuse

1. I will not participate nor be a part of any type of verbal and/or non-verbal hazing, intimidation, or taunting directed at another student or teammate.
2. I am aware of Glendale Unified School District's Board Policy 5145.7a, strictly prohibiting sexual harassment towards any student as defined by this policy.
3. If I am in violation of any of the above, I will be suspended from the program and face probable suspension from school.

G. District Appeal Process for Above Procedures

1. A student may appeal a decision concerning this agreement to the school principal who shall render a decision within three (3) days after the receipt of the appeal. In the event the student is not satisfied with the decision of the principal, the student shall have an opportunity to appeal to the Superintendent, who shall, within three (3) days, render a final decision. Any appeals of the 2.0 grade point average requirement will be made to the principal and considered by a review committee as prescribed under Board Policy 6145.
 - a. A student receiving less than a 2.0 grade point average may appeal no more than one time in a school year and two times in a high school career.
 - b. Once a student has been granted an appeal, a ten-week probation period will be in place with grade checks being completed at the end of the ten-week period.

SIGNATURES:

_____ Student	_____ Parent or Guardian
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip
_____ Telephone Number	_____ Telephone Number
_____ Date	_____ Date

CODE OF CONDUCT FOR EXTRA/CO-CURRICULAR STUDENTS

Participation in extra/co-curricular programs requires high standards of ethics and sportsmanship. It promotes the development of good character and other important life skills. The highest potential of these programs is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"sm). This Code applies to all participants involved in these programs in the Glendale Unified School District. I understand that, in order to participate in these extra/co-curricular programs, I will act in accord with the following:

TRUSTWORTHINESS - *Be worthy of trust in all I do*

Integrity: Live up to high ideals of ethics and sportsmanship; always pursue victory with honor; do what's right even when it's unpopular or personally costly.

Honesty: Live and compete honorably; don't lie, cheat, steal, or engage in any other dishonest/unsportsmanlike conduct.

Reliability: Fulfill commitments; do what you say you will do; be on time to practices and games.

Loyalty: Be loyal to your school and team; put the team above personal glory.

RESPECT - *Treat all people with respect and require the same of other student-athletes*

Dignity: Live and play with dignity; be a good sport; be gracious in victory, as well as defeat; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.

Disrespectful Conduct: Don't engage in disrespectful conduct of any sort including, but not limited to: profanity, obscene gestures, offensive remarks of a sexual and/or racial nature, trash talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

Respect Officials: Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY - *Be a student first and commit to getting the best education possible*

Importance of Education: Be honest with yourself about the likelihood of getting a scholarship and remember that many universities will not recruit students that do not have: a serious commitment to their education, the ability to succeed academically, or the character to represent their institution honorably.

Role Modeling: Remember, participation in extra/co-curricular programs is a privilege, not a right and you are expected to represent your school, advisor, and teammates with honor, both on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. *Suspension or termination of participation privilege is within the sole discretion of the school administration.*

Self-control: Exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

Healthy Lifestyle: Safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco, and/or other drugs. Do not use anabolic or androgenic steroids. Refrain from using any substance designed to enhance physical development or performance that are not approved by the United States Food and Drug Administration, the Surgeon General of the United States, or the American Medical Association.

FAIRNESS - *Live up to high standards of fair play*

Be Fair: Be open-minded; always be willing to listen and learn.

CARING - *Demonstrate concern for others*

Concern for Others: Never intentionally injure another person or engage in reckless behavior that might cause injury to yourself or others.

Teammates: Help promote the well being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to an advisor.

GOOD CITIZENSHIP - *Honor the spirit and the letter of rules*

Play by the Rules: Maintain a thorough knowledge of and abide by all applicable rules.

Spirit of the Rules: Avoid temptation to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this Code, and I understand that there may be sanctions or penalties if I do not.

Student's Signature

Date Signed

Glendale Unified School District

**VOLUNTEER AUTOMOBILE USE
PERMISSION FORM**

This form may be used for a single trip or for general permission for a given school year.

I volunteer to drive my personal vehicle to transport students for practices, contests, events, and/or field trip(s) during the current school year.

Name _____ Birth Date (if under 21) _____

Driver's License # _____ Exp. Date _____ State _____

Year and Make of Auto _____

Vehicle License # _____ State _____

Insurance Carrier / Agent _____ Phone _____

Liability Limits _____

Policy Date _____ Exp. Date _____

Driving Restrictions _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE. I UNDERSTAND I MUST HAVE LIABILITY INSURANCE COVERAGE IN FORCE AND AGREE TO ADVISE THE DISTRICT, IN WRITING, OF ANY CHANGES IN THE ABOVE INFORMATION.

Driver's Signature _____ Date _____

Parent's Signature _____ Date _____

BE SAFE – WHEN IN THE CAR – FOLLOW THESE RULES:

1. *Every* person *must* have and wear a seat belt
2. Use the most direct route to destination
3. Do not make unnecessary stops
4. One passenger for each seat available
5. No one in the bed of a pick-up truck