



AGREEMENT FOR TEAM PARTICIPATION

2021-2022

[Including Waivers and Releases of Potential Claims]

This Agreement, and the Additional Required Forms listed below, must be signed and returned to the School Office before a Student can participate in any Team Activities. Each Team on which the Student hopes to participate must be listed below. If not listed below, a separate Participation Agreement will be required at a later date before participation can occur.

Additional Required Forms – Concussion, Heat Safety, and Opioid Information Forms & Sports Physical Examination Form

Student:	Address:
Grade:	DOB:
School:	Telephone: (Home)
Team(s):	

(List each sport in which you are interested in participating)

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities ("Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or St. Helena Unified School District ("District") policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such determinations shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain risks of harm or injury or illness that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries or illness might arise from the Student's actions or inactions, actions or inactions of another Student or participant in a Team Activity, and/or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries or illness might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities, or the undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical condition or Injury or illness, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed inherent to the Student's participation in Team Activities. **Therefore, to the fullest extent allowed by law, the Student and Adult fully assume all such risks and waive and release any potential future claim that might in any manner arise from participation in Team Activities against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"),** including any claim that that might have been brought by any parent, administrator, executor, trustee, guardian, assignee or family member arising in some manner from a Student's actual Injury or illness. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury or illness, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief (preferably the head coach or site principal), and notify an Adult of the Student's belief. An Adult aware of such a concern shall direct that the Student not participate in a Team Activity until the unsafe condition or circumstance is addressed and remedied to their satisfaction.

6. The Student's current Emergency medical and contact information is on file with the District and, along with the Sports Physical Form, accurately represents the Student's current known or suspected health and physical status. The Student and/or Adult agrees to provide updated health or medical information during the course of the Student's participation in Team Activities.

7. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer, or to authorize the administration of, urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider, as well as take any other action they believe at that time to be reasonable or necessary for the health or well-being of the Student. In urgent or emergency care situations, notice to an Adult or Emergency Contact may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct any and all diagnostic, anesthetic, and/or medical care or treatment procedures (including surgery) they may deem reasonable or necessary under the circumstances. All costs and expenses associated with such care are solely my responsibility. Note: these authorizations may only be avoided by the filing of a current Objection to Medical Care (Education 49407), based on personally held religious beliefs, with the District.

8. Pursuant to Education Code Section 32221.5, school districts must ensure that Students participating on school athletic teams have accidental injury insurance that covers medical and hospital expenses. Education Code Section 32221 requires that such insurance cover medical and hospital expenses as follows: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence, and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation by either:

Option 1: Private Medical Insurance and/or Medi-Cal. If this option is selected, please provide: (i) Provider Name _____, (ii) Policy/Identifying number _____, and (iii) coverage dates and/or "continuous" _____. The Adult agrees that the Student is covered, and will remain covered, during the length of the Team season and that coverage exists in the amounts required by Section 32221.

Option 2 District-Provided Insurance: If this option is selected, the Student and/or Adult agree to purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District] and, if no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

9. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

10. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT (AND/OR STUDENT WHO IS 18 YEARS OF AGE OR OLDER) SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT (ME) TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY KIND, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I HAVE THE RIGHT, POWER, AND AUTHORITY TO ENTER INTO THIS AGREEMENT; AND (5) IF THE STUDENT IS A MINOR, I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name - Parent/Guardian Signature Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name - Student Signature Date
EMERGENCY CONTACTS:

1st (Parent): _____ Phone: _____ 2nd (Other) _____ Phone _____



CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:	Address:		
Grade:	Telephone:		
School: St. Helena High School	School Year: 2021-2022	DOB:	

Pursuant to Education Code Section 49475, before a Student may try-out, practice, participate, or compete in any District-sponsored athletic program, including interscholastic or intramural sports programs (including cheer/dance/marching band, but excluding PE courses for credit or athletic activities during the regular school day), the student and his/her parent/guardian must review and execute this Concussion and Head Injury Information Sheet ("HIIS"). The HIIS is good for one academic year (Fall - Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student shall not be allowed to resume participation in any activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management, and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. **By law, there can be no exceptions to this medical clearance requirement.** In addition, if the medical care provider determines the Student suffered a concussion **or** a head injury, the Student shall complete a gradual return-to-play protocol of no less than seven days, which shall be under the supervision of a licensed health care provider.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., S sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used in order to determine if the student should be removed from the activity. **For the safety and protection of the student, once a supervising individual makes a determination that a student should be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.**

Once a student is removed from an activity, the parent/guardian should promptly seek an evaluation by a licensed health care provider even if the student does not immediately describe or show symptoms of a concussion (headache, pressure in the head, neck pain, nausea/vomiting, dizziness, blurred vision, sensitivity to light/sound, feeling "slow"/"foggy," difficulty with balance, concentration, memory, confusion, drowsiness, irritability, emotionality, anxiety, nervousness, or falling asleep). A student with any of these symptoms should be taken immediately to a health care facility. If a parent/guardian is not immediately available to make health care decisions, the District reserves the right to take the student to an emergency/urgent care provider for evaluation or treatment in keeping with the medical care authorization contained in the Agreement for Team Participation

Dated: _____ Dated: _____

Student: _____ Adult: _____

Signature: _____ Signature: _____



Parent/Student CIF Heat Illness Information Sheet



Why am I getting this information sheet?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 49475 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *The law requires a student athlete who has been removed from practice or play after displaying signs and symptoms associated with heat illness must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness 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), heat illness (AB 2800) as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is Heat Illness and how would I recognize it?

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high.

Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Young athletes should be pre-screened at their pre-participation physical exam form education/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Athletes with any of these factors should be supervised closely during strenuous activities in a hot climate. Fatal heat stroke occurs most frequently among obese high school middle lineman.

Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, such as Gatorade, etc., but just plain water is all that is really required because the athlete will replace the lost minerals with his/her normal diet.

PREVENTION: There are several steps which can be taken to prevent heat illness from occurring:

ADEQUATE HYDRATION The athlete should arrive at practice well-hydrated to reduce the risk of dehydration. The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.

Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.

Athletes should be instructed to continue fluid replacement in between practice sessions.

GRADUAL ACCLIMATIZATION: Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>.



Parent/Student CIF Heat Illness Information Sheet



HEAT EXHAUSTION: Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97 and 104 degrees Fahrenheit.

• Dizziness, lightheadedness, weakness	• Profuse sweating
• Headache	• Cool, clammy skin
• Nausea	• Hyperventilation
• Diarrhea, urge to defecate	• Decreased urine output
• Pallor, chills	

Treatment: Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital emergency if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE: Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.

Warning Symptoms:

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Treatment: Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

Signs observed by teammates, parents and coaches include:	
• Dizziness	• Weakness
• Drowsiness, loss of consciousness	• Hot and wet or dry skin
• Seizures	• Rapid heartbeat, low blood pressure
• Staggering, disorientation	• Hyperventilation
• Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)	• Vomiting, diarrhea

Final Thoughts for Parents and Guardians:

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather in many parts of the California. Many of the heat problems have been associated with football, due to added equipment which acts as a barrier to heat dissipation. Several heatstroke deaths continue to occur each season in the United States. There is no excuse for heatstroke deaths if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about possible heat illness signs and symptoms that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian Name
Printed

Parent or Legal Guardian
Signature

Date

Parent/Guardian and Pupil Sudden Cardiac Arrest Warning Signs and Symptoms Information and Acknowledgment Form

On July 1, 2017, Assembly Bill 1639, known as the Eric Paredes Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form or design their own form to use. An SCA acknowledgment form must be signed and returned to the school site each school year.

What Is SCA?

SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

Who Is at Risk for SCA?

Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death of youth under the age of 25 and the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or symptoms but student athletes neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

Possible Warning Signs 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

Removal from Activity

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a licensed health care provider.
I have reviewed and understand the symptoms and warning signs of SCA.

Print Student-Athlete Name	Signature Student-Athlete Name	Date
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Print Parent/Guardian Name	Signature Parent/Guardian	Date
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The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/>), Eric Paredes Save a Life Foundation: Keep Their Heart in the Game (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>).

Print Name of Student-Athlete

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200.D, there could be penalties for false or fraudulent information. We also understand that St. Helena High School's policy regarding the use of illegal drugs will be enforced for any violations of these rules.

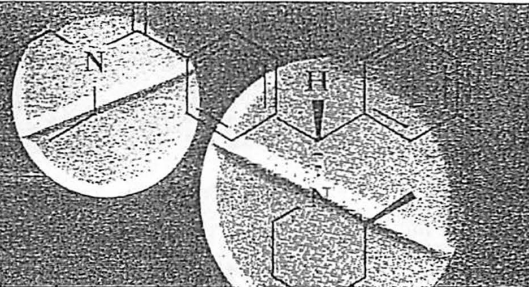
Signature of Athlete

Date

Signature of Parent/Caregiver

Date

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 struggling 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



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

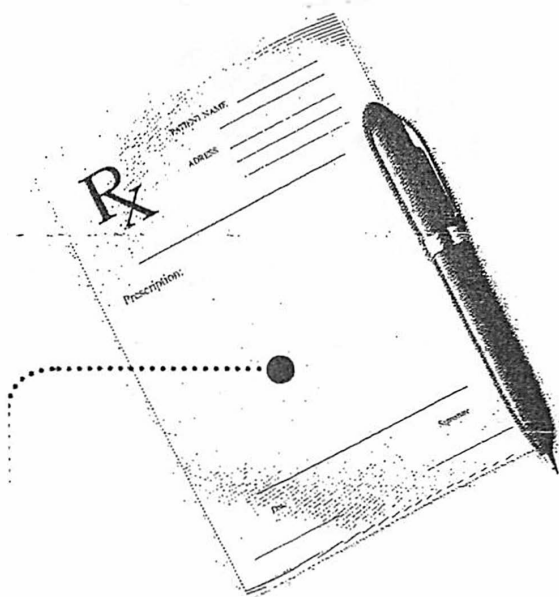


American Hospital
Association®

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).
- ☐ Visit 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.

I acknowledge that I have received and read the Prescription Opioids: What You Need to Know sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian Name
Printed

Parent or Legal Guardian
Signature

Date

STUDENT NAME (PRINT):

**NCS, CIF EJECTION POLICY 2020-21
ATHLETE NOTIFICATION FORM**

The following is a partial summary of rules and minimum penalties adopted by the NCS Board of Managers applicable to players and are in effect for (non-league, league, invitational tournaments/events, post-season; league, section or state playoffs).

1. Ejection of a player from a scrimmage:

Penalty: The player must complete the NFHS Sportsmanship course prior to the next contest.

2. Ejection of a player from a contest:

Penalty: A player ejected from a contest for violation of a NFHS or sports governing body rule (other than assaultive behavior/fighting or leaving the bench area during a fight) shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff). **A second ejection will result in a three game suspension and a third ejection shall make the player ineligible for the remainder of the season.** If the ejection is for unsportsmanlike conduct, the player must also complete the NFHS online Sportsmanship course.

3. Ejection of a player from a contest for assaultive behavior/fighting or leaving the bench area:

Penalty: A player ejected from a contest for these reasons is ineligible for the school's next three contests. In addition, the player shall complete the online NFHS Sportsmanship course. The player may not participate until the course has been completed. The player must also meet with the school principal to discuss future behavioral expectations and complete the NCS Return to Competition Form.

4. Second ejection of a player from a contest for assaultive behavior/fighting or leaving the bench area:

Penalty: The player shall be ineligible for the remainder of the season.

5. When one or more players leave the bench to begin or participate in an altercation.

Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for three contests (non-league, league, invitational tournament, post-season {league, section or state} playoff). **The school, league or NCS may use electronic video to identify players who have left the bench area to begin or participate in an altercation. This identification may be made after the jurisdiction of the game officials has ended and such identified players are subject to the penalties set forth in #3 and #4 above.**

6. Ejection of a player in the last contest of the season:

Penalty: The player will be held out of the number of contests required by the type of ejection in the same sport in the following year. If the player is a graduating senior, the player must sit out the required number of contests in the next season of sport in which they participate. If the ejection is for an offense that requires completion of the NFHS Sportsmanship course, the course must be completed with 10 school days. Sub-varsity players may not be moved to the varsity level for post-season competition.

7. Physical Assault of an Official:

Penalty: A player alleged to have physically assaulted an official shall be ineligible to participate in or attend any contests until the investigation has been completed and the NCS Commissioner of Athletics has accepted the results and recommendation of the school's investigation.

I have read the NCS, CIF Ejection Policy and understand there are severe consequences for assaultive behavior/fighting and leaving the bench area to begin or participate in an altercation. I have also been provided with a complete version of the NCS, CIF Ejection Policy. I understand that athletes may not participate in any contest until this document is filed with the school. This signed Athlete Notification Form is to be maintained at the school.

Student's Signature _____ School _____

SPORT _____ Date _____ VAR _____ JV _____ F/S _____ FR _____



COVID-19 HEALTH & INFORMATION FORM

This COVID-19 Health Information Form Addresses the Student's Current/Future Health Conditions, Informational Issues Regarding Sports in the Time of COVID-19, and Compliance with Special Safety Standards

Student Name:	School: St. Helena High School	
Sport/Activity:	Home Telephone:	
My Student has Previously Tested Positive for COVID-19 (i) If Yes, Describe When/By Whom: _____ (ii) If Yes, Describe Last Day of Any Symptoms _____ Any Lingering/Continuing Symptoms? _____	Yes - <input type="checkbox"/>	No - <input checked="" type="checkbox"/>
Is there any Person regularly staying or living in the Student's Home/Residence Who has Tested Positive, or Shown Signs of COVID-19, within the last 14 days? If Yes, Describe Who/When: _____	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>
Has the Student within the last 14 days experienced Fever * Chills, Repeated Shaking/Shivering • Cough • Sore Throat • Shortness of Breath, Difficulty Breathing • Feeling Unusually Weak or Fatigued • Loss of Taste or Smell • Muscle pain • Headache • Runny or congested nose • Diarrhea – that does not have an explanation (such as food poisoning). If Yes, Describe When/What: _____	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>
The Student and I understand that Sports can involve physical contact, loss of protective equipment, or other circumstances exposing the Student to COVID-19. There is a high probability that respiratory particles <i>will</i> be transmitted, due to closeness, potential inadequate ventilation, or other factors. We understand and accept those risks, and will actively seek to minimize those risks for others.	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>
The Student and I have each reviewed the California Department of Public Health, Outdoor and Indoor Youth and Recreational Adult Sports Guidance and Information Sheet, <i>which we understand is a requirement for participation</i> . We understand and have no questions regarding the guidance. www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx Note: If you cannot view the guidance online, please request a hard copy/translated version.	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>
The Student agrees to wear face coverings (and/or other protective equipment), not share equipment or drinks/personal items with others, and engage in social distancing and other safe practices as set forth in the CDPH Guidelines, as well other instructions from coaches or other District staff, and District/School Policies and Procedures, to maximize my safety and the safety of others.	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>
The Student and I agree that if any of the information in this Form changes, including any safety or health issues that might change after the date we sign this Form, <i>we agree to immediately notify the coach and principal of the changes</i> .	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

By signing below, we acknowledge and agree that the information above is complete and accurate. We understand that failure to provide complete and accurate information, or to timely update the information and representations in this Form, can (or will) result in the Student's immediate suspension or termination from the Sport.

Student Printed Name

Signature

Date

As the Parent/Guardian, I also agree to comply with all safety standards noted above should I attend any practice, game, parent/guardian meeting, or other Sport-related gathering. Failure to do so can (or will) result in me being barred from such events. Any other family member or individual who might attend the event with me will also comply with these requirements or they can (or will) be barred from attendance and I may also lose my privilege of participation.

Parent/Guardian Printed Name

Signature

Date

Date Received by School:

Received by:

The original of this Form will remain on File with the Main Office for a period of no less than one (1) year after the date of signature

St. Helena High School: Student Athletic Code

The philosophy of St. Helena High School stresses that athletes maintain high standards, more so than the regular student. As such, this athletic code applies to all athletes year-round, as well as student support staff, e.g. team managers, stat people etc.

We are committed to maintaining PRIDE in our athletic programs and believe outstanding physical condition and high moral standards are top goals of our athletes.

The following rules and regulations govern all athletes representing the school and ensure acceptable standards of participation. They apply to each student from the date of first entering high school through graduation.

1. SCHOLASTIC REQUIREMENTS

- A. To be eligible for any team, a student must maintain a 2.0 grade point average with no more than one "F" or "NM" regardless of the number of subjects he/she is taking. (Student must be enrolled in a minimum of four classes)
- B. Students become eligible or ineligible for a sport based on the grading period immediately preceding the first league specified day of practice, e.g., for a Fall Sport, the 4th Quarter grading period of the previous school year.
- C. Students can become eligible or ineligible for an activity based on grades earned during the current grading period, assuming the activity spans more than one official grading period. Eligibility during the season is at the discretion of the coach/supervisor of the activity.

2. PRE-PRACTICE REQUIREMENTS

- A. Pass a physical examination conducted by a licensed medical doctor once a year.
- B. Turn in a physical form signed by both the physician and one of the athlete's parents or guardians to the bookkeeper.
- C. Turn in a sports forms packet completed and signed by the athlete and one of the athlete's parents or guardians to the bookkeeper.
 - a. Parents must certify medical insurance is carried on the athlete or purchase insurance. School insurance is available for purchase.
- D. Clear any outstanding bills with the bookkeeper.

3. ATHLETIC MISCONDUCT

An athlete shall immediately become ineligible to participate in athletics for a specified period of time for any of the following reasons:

1. Major Offense:
 - a. Possession, use, sells, distribution or otherwise furnished, or was deemed under the influence of, any controlled substances defined, in the Health and Safety Code 11053-11058, alcoholic beverage, or intoxicant of any kind.
 - b. Being suspended from school for any offense, may result in removal from team (administration decision).
 - c. Inappropriate conduct demonstrated toward any game official or member of the coaching staff, Athletic Director, or School Staff member
2. Individual team expectations:
 - a. Coaches may set standards of behavior and expectations for their sport, which, if violated, may result in an athlete's dismissal for the remainder of the season. Each coach shall furnish the athlete with a copy of rules and expectations.
3. Length of Penalty for Major Offenses
 - a. First Offense: Administrative decision—one week (minimum) to 30-day suspension (maximum) from all extracurricular activities.
 - b. Second Offense: Dismissal from all extra-curricular activities for the remainder of the school year.
 - c. Third Offense: Student is ineligible for all extra-curricular activities for one calendar year.
4. If an athlete quits a sport after the first week of participation, or after cuts have been made, he/she is ineligible to practice or participate in any other sport until his/her team has completed its season.

4. ATTENDANCE:

Athletes must be in school all day and not be tardy to participate in practice or games that day, unless it is an excused absence. To excuse an absence for athletic participation, a student must submit a note from the providing agency [doctor, dentist, or Department of Motor Vehicles appointments, funeral services (parent clears), court dates]. The note must subsequently be cleared by Administration. Students are ineligible for Saturday activities if they miss class or are tardy the preceding Friday. Athletes enrolled in 9th and 10th grade courses must participate daily in Physical Education to partake in any inter-scholastic activity for that day.

5. WHEN AN ATHLETE IS SUSPENDED FROM SCHOOL:

If a suspension runs through a day(s) or any part of the day(s) of an athletic contest, the student is ineligible to participate that day.

6. EQUIPMENT RETURN

Athletic equipment issued from a previous sport must be returned or paid for before a student is allowed to participate in any game or contest in another athletic activity. It is the coach's responsibility to collect all equipment in a timely manner.

7. TRANSPORTATION

In all athletic contests played away from school, the athlete will ride to and from games in school transportation (when provided by school district) unless prior arrangements have been made by parents with the school. This includes completing and returning a Student Alternate Transportation form with supporting documentation. If a parent is to take another child home, the allowing parent must have previously provided the school office with a completed Student Alternate Transportation form and the transporting parent must be a cleared volunteer driver with SHUSD.

8. GRADE CHANGE POLICY

Grades may be changed within 7 school days after the end of the grading period only. The changes made are only ones where mistakes in computation or the recording of assignments are inaccurate.

9. UNIFORM POLICY

Only issued team uniforms and warm-ups, free from any adornment and/or alteration, are to be worn during pre-game and game time. Failure to meet this expectation will result in removal from the game.

Student signature

Parent signature

Date

Date