

CALIFORNIA HIGH SCHOOL ATHLETIC TRYOUT PROCEDURES & POLICIES



Students must submit the following * items to tryout for a sport.

PRIOR to tryouts, each athlete must turn in a completed Athletic Registration Packet to the Athletic Account Clerk or the Bookkeeper. Forms may be picked up outside the Account Clerk's office or on-line at <http://www.chs.srvusd.k12.ca.us/chshomepage/sports/coaches.html>. When all forms have been completed and turned-in, the athlete will receive a Yellow Athletic Clearance Slip. This is to be given to the Coach at the first tryout. All coaches have been instructed NOT to allow a student to tryout without this yellow clearance slip.

The following forms constitute a completed Athletic Registration Packet:

- *1. **Athletic Parent/Guardian Consent/Proof of Insurance** – Please fill out completely. A Parent/Guardian's signature is required in two places.
- *2. **Pre-Participation Medical Examination and Clearance** - A medical clearance is good for **one calendar year** from the date of the doctor's signature on the form. SRVUSD policy states that only a medical doctor (MD) can administer a physical examination for CHS athletes. Signatures by Nurse Practitioners or Chiropractors will not be accepted. If a Nurse Practitioner performs the physical, a doctor still must sign the form. Please have the **doctor's office stamp and date** this form including the physician's phone number. It is strongly recommended that the physical exam be scheduled during the summer months to minimize classroom absenteeism. If the clearance expires during the season, the athlete will not be able to continue to participate until an updated clearance is submitted. It is suggested that a photocopy of the Medical Examination and Clearance form be kept for your records.
- *3. **Parental Permission for Field Trip and Emergency Treatment Form** – Each coach & driver will carry this form. Please make sure that it is filled out completely and signed.
- *4. **NCS Ejection Form** – Requires the student's name, signature and date.
- *5. **Code of Conduct** and **Steroid Policy** – The student's and parent/guardian's signatures are needed.

ELIGIBILITY: It is a privilege, not a right, to participate in any extra-curricular activity. To be eligible to tryout for any sport, SRVUSD mandates that all athletes have a **2.0 GPA** or higher based on their last quarter's grades. A 2.0 GPA or higher must be maintained throughout the season or the athlete will become ineligible to participate.

TURN-IN DATES: Turn in the completed packet to the Athletic Account Clerk or Bookkeeper from 10:00 – 2:00. You may submit these forms:

Fall Sports: August 3rd – 11th 9 am - 12 noon only (Aug. 17th First day of Tryouts)
Winter Sports: October 19th – November 2nd (Nov. 9th First day of Tryouts)
Spring Sports: January 18th – Feb 1st (Feb. 8th First day of Tryouts)

A Participation Contribution/Donation is requested (please make checks payable to **California High School Athletics** and print the athlete's complete name and sport on the memo line). This contribution covers major operating costs of our athletic budget which includes: officials, equipment, athletic trainers, supervision/security, facility upgrades, first aid supplies, CIF, NCS & EBAL fees and various general expenses to operate our athletic dept. The amounts are posted on the Cal High website and outside the Athletics Account Clerk's office in the main office. If a student is not selected for a team, the check will be shredded. Refunds: No refunds will be issued to those who make a team's final roster.

High school athletics in the San Ramon Valley Unified School District are "self-funded". The athletic programs do not receive funding for equipment, uniforms, transportation, officials, or most coaching stipends. As such, participation contributions are solicited to fund these valuable programs. We encourage all interested students to try out for athletic teams. Participation in athletic programs is not dependent on financial contributions.



San Ramon Valley Unified School District
699 Old Orchard Drive
Danville, CA 94526

ATHLETIC PARENT/GUARDIAN CONSENT/PROOF OF INSURANCE

All sections of this form must be completed and turned in to the Main Office BEFORE A STUDENT CAN BE ISSUED EQUIPMENT, PARTICIPATE IN PRACTICE, OR COMPETE IN CONTESTS. Failure to do so may result in the loss of eligibility.

Student Name _____ Date _____
Address _____ Telephone _____
School _____ Grade _____

1. PARENT/GUARDIAN CONSENT TO PLAY AND MEDICAL RELEASE

I hereby give my consent for the above named student to compete in sports at the above named high school and travel with a representative of the school on any trips. In case this student is injured, you are authorized to have him/her treated. (Ed. Code 35350)

SIGNATURE OF PARENT/GUARDIAN Date

2. INSURANCE INFORMATION

California Ed. Code 32220 requires each member of an athletic team to have medical/accident insurance as set forth below. A member of an athletic team includes band/orchestra members, cheerleaders, team managers, or any other student participating at an athletic event and while being transported to and from an athletic event.

INSURANCE REQUIREMENTS

- Insurance protection for medical and hospital expenses resulting from bodily injuries in one of the following amounts:
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.
c) At least \$1,500 for all such medical and hospital expenses.

INSURANCE COVERAGE

____ Student Accident Insurance - 24 hour protection (covers all interscholastic sports except football)
____ C.I.F. Insurance - All other sports (covers participation in all sports except football)
____ C.I.F. Football Insurance (covers participation in tackle football only)
____ C.I.F. Girls Sports Team Insurance (covers participation in all approved girls sports)
____ Other medical or accident insurance _____ Policy # _____
NAME OF INSURANCE COMPANY

I hereby certify that the above named student is covered by insurance that meets the requirement above, and agree to maintain this insurance during the time my student is participating in interscholastic sports.

SIGNATURE OF PARENT/GUARDIAN Date

Student Name:

District Use Only:	
Date of Physical:	Received by:

PRE-PARTICIPATION MEDICAL EXAMINATION AND CLEARANCE

THIS DOCUMENT APPLIES TO ALL ACTIVITIES AND SPORTS UNLESS SPECIFICALLY EXCLUDED AND IS VALID FOR ONE YEAR FROM DATE OF THE EXAMINATION

Grade: _____ Height: _____ Weight: _____ Date of Birth: _____

Sex: _____ Date of Physical: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y or N

Medical Examination	Normal	Abnormal Findings Please describe and explain findings
Appearance:		
Eyes/Ears/Throat:		
Lymph Nodes:		
Heart:		
Pulse:		
Lungs:		
Abdomen:		
Genital (males only):		
Skin:		
Neurological:		
Neck:		
Back:		
Shoulders/Arms:		
Elbow/Forearm:		
Wrists/Hands:		
Hips/Thighs:		
Knees:		
Legs/Ankles:		
Feet:		
Head/Skull		

History

Is there any medical history regarding the student or their family that might impact the student's ability to participate in any activity? Yes or No. If yes, please explain:

Medical Clearance

Subsequent to a complete and thorough medical examination, the above named student is medically cleared to participate in all activities and sports, except:

Print Name of Physician or Surgeon: _____

Doctor's Office Stamp Here

Address: _____

License or Certificate Number: _____

Signature: _____ Date: _____ Phone: _____

ONLY A PHYSICIAN OR SURGEON DULY AND CURRENTLY LICENSED IN THE STATE OF CALIFORNIA MAY EXECUTE THIS FORM.

SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
DANVILLE, CA 94526

PARENTAL PERMISSION FOR FIELD TRIP

My daughter/son _____ has my permission to participate in a field trip to _____ events. I understand that transportation will be by (circle) foot, school bus, private car or chartered bus and will leave school at _____ and return approximately at _____. The date(s) of the trip is/are _____. In case of accident or emergency, I authorize the school to seek medical, surgical, or hospital attention for my child. It is understood that every attempt will be made to contact me before taking this action. I understand that any field trip involves certain dangers in addition to transportation and I hold the District and its representatives harmless from claims or liabilities arising from this trip.

Signed (Parent or Guardian) _____

Telephone Numbers _____
Home Work Cell/Emergency

CALIFORNIA HIGH SCHOOL
EMERGENCY TREATMENT FORM

Name of Player _____ Birthdate _____ Grade _____

Address _____ Sport/Activity _____

Any history of allergies to drugs or foods, previous injuries, special medications and other medical history:

Father's Name _____ Home _____ Work _____ Cell _____

Mother's Name _____ Home _____ Work _____ Cell _____

Emergency Contact _____ Home _____ Work _____ Cell _____

Family Physician _____ Phone _____

Health Insurance Company _____ Policy Number _____

Emergency Treatment Consent: I(We), the undersigned parent, parents, or legal guardian of

_____, a minor, do hereby authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any restrictions: _____

Parent/Guardian Signature Date

Principal's Eligibility Waiver/Date

Date Treatment

Date Treatment

Date Treatment

California High School

ATHLETIC DEPARTMENT

Fred Albano, Director of Athletics

9870 Broadmoor Drive ◇ San Ramon, CA 94583

(925) 803-3200 ◇ fax # (925) 803-9341

NCS EJECTION FORM

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy has been in effect since the 1995-1996 school year and will include non-league, league, invitational tournaments/ events, post-season (league, section or state), playoffs, etc.

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.
Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament/event, post-season (league, section or state), playoffs, etc.).
2. Illegal participation in the next contest by a player ejected in a previous contest.
Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest (non-league, league, invitational tournament/event, post-season (league, section or state), playoffs, etc.).
3. Second ejection of a player for unsportsmanlike conduct from a contest during one season.
Penalty: The player shall be ineligible for the remainder of the season.
4. 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 the next contest (non-league, league, invitational tournament/event, post-season (league, section or state), playoff, etc.).

I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.

Print Student's Name

Sport

Student's Signature

Date

These signed policy statements are to be maintained at each school. An Ejection Policy Notification Form – School is to be filed, according to league policy, either with the league commissioner or with the North Coast Section.

“A California Distinguished School”



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
High School Extracurricular and Co-curricular Activities**

CODE OF CONDUCT

The San Ramon Valley Unified School District offers an extensive program of extracurricular and co-curricular activities at the District’s high schools. The District has established eligibility requirements to participate in these programs, as outlined in Board Administrative Regulation 6145(a). The following code of conduct outlines these expectations.

Student Name _____ School _____

Activity (Sport/Other Extracurricular/Co-curricular)

I recognize that participating in the extracurricular and/or co-curricular activities offered in high school is a privilege and not a right; thus, this privilege can be revoked for failing to meet the Districts’ eligibility requirements and behavior guidelines, including enrollment and grades (minimum GPA of 2.0), attendance, and use of prohibited substances (alcohol, controlled substances, steroids). Upon verification by the administration, students may be removed from the team/activity they are participating in for possession or use of prohibited substances, for the remainder of the season or activity. Students using or in possession of tobacco (first offense) shall be suspended from the team/activity for two weeks and referred to the Tobacco Use Prevention Education Program. A second offense shall result in removal from the team/activity for the remainder of the season or activity.

I understand that by participating in these activities I not only represent myself, but my team or activity, my school, and the District. As such, I agree to the following:

- Be enrolled and passing a minimum of twenty credits with a minimum GPA of 2.0;
- Attend a minimum of 180 minutes of school on the day of an event, practice or contest;
- For athletics, all paperwork including physical examination must be on file with the school;
- Refrain from any possession or use of tobacco, alcohol or illegal drugs including steroids;
- Behave in a manner consistent with District and State guidelines for student conduct as outlined in California Education Code.

I have read and clearly understand the expectations outlined in this Code of Conduct.

Student Signature Date

Parent/Guardian Signature Date



California High School

Athletic Department

San Ramon, CA 94583

(925) 803-3200; fax (925) 803-9341

Androgenic/Anabolic Steroid Policy

Print Name of Student-Athlete

Sport

The Governing Board and California High School recognize that the use of **androgenic/anabolic steroids** presents a serious health hazard to students. We are committed to make every effort to ensure students do not begin or continue the use of **androgenic/anabolic steroids**. Please review steroid literature available from the coach or online at www.nfhs.org, and sign this agreement. 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 (CIF By Law 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver here by agree that the student shall not use **androgenic/anabolic steroids** without the written prescription (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 the California High School policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Student-Athlete

Date

Signature of Parent/Guardian/Caregiver

Date

“A California Distinguished School”

“A National Blue Ribbon School”

The Steroid-free Choice

Given all of the negative aspects of steroid use, it just doesn't make sense to risk your health and your reputation. You have all sorts of great options when it comes to enhancing your sports performance or your appearance. Consider some of these.

- Talk with your coach, parent, teacher or counselor about any frustrations you might have about how you are performing in your sport.
- Set short-term and long-term goals that will help you excel.
- Be well-hydrated while you compete. That will give you a natural advantage over your competition.
- Focus on getting a proper diet and plenty of rest.
- Don't trust gimmicks or quick-fix approaches.
- Support your friends' decisions to be steroid-free. Talk to a trusted adult if you suspect a friend or teammate is using anabolic steroids.
- Ask your coaches to lead a team discussion about steroid abuse.
- Work with a registered dietician to develop a plan for weight gain or fat loss. Learn when and how much to eat to enhance your athletic performance and how you look.



Additional Help to make the Right Choice

There are many resources available to you to help you achieve your athletic and personal goals – resources geared specifically to athletes like you who want to succeed without using anabolic steroids. A listing of excellent online resources is available at www.nfhs.org.

References

"Hormone Abuse." The Hormone Foundation.

"Steroid Abuse by School-Age Children." U.S. Department of Justice, Drug Enforcement Administration.

"Use of Performance-Enhancing Substances." American Academy of Pediatrics.

Special thanks to the Clell Wade Coaches Directory.

** This brochure, in a pdf format, can be downloaded from the NFHS Web site at www.nfhs.org.*



National Federation of State High School Associations
PO Box 690 | Indianapolis, Indiana 46206
317-972-6900 | Fax 317.822.5700

**MAKE
THE RIGHT
CHOICE**

It's not really winning if you cheat.

CHOICE ISN'T ALWAYS EASY. As an athlete, you make choices every day that can determine if you succeed or fail.

Split-second decisions made during competition can immediately affect whether you win or lose. Other choices – such as how hard you practice, what you eat and how much you sleep – will influence how well you perform on any given day. Decisions about the number of sports you play, who you work with as your coach and how you deal with injury and defeat have more long-term consequences. These choices aren't always easy.

Another choice athletes must make involves the use of drugs to enhance athletic performance or appearance. And like all other choices, the decision to use drugs such as anabolic steroids will have both immediate and long-term consequences. All choices have consequences, but those that affect your health are more serious than others.

Anabolic Steroids

The hormones used by some athletes to increase muscle mass and strength are **anabolic, androgenic steroids**. Anabolic, androgenic steroids are synthetic forms of the male hormone testosterone. Like testosterone, these steroids have anabolic effects – primarily the increase in muscle tissue – and androgenic effects – the masculinizing effects boys experience during puberty. No anabolic, androgenic steroid is purely anabolic. In other words, the use of the steroids won't lead to muscle growth without also leading to other unintended, undesirable side effects.

Anabolic, androgenic steroids are different from steroids doctors prescribe to treat asthma and inflammation. These steroids are **corticosteroids**.

Corticosteroids might be abused by athletes too, but generally not for purposes related to gaining mass and strength.

The temptation to use anabolic steroids is understandable. There is a lot of pressure on young people to excel in athletics or to have a certain type of body. Research shows that athletes use steroids for one of two reasons: to gain strength or to recover more quickly from injury. In addition, studies show that nearly one third of high-school age steroid users do not participate in organized athletics and are taking the drugs primarily to modify their appearance.

Facts about Anabolic Steroids

These are facts that should be known to anyone who desires to be a better athlete or to change how he or she looks.

- Steroids are powerful drugs. Doctors prescribe them only for specific wasting diseases and for men who don't produce testosterone.
- The possession or sale of anabolic steroids in the United States without a prescription is illegal.
- The vast majority of high school and college athletes compete steroid free.
- Athletes who use injectable anabolic steroids in high school have tested positive in collegiate drug tests – months after they stop injecting steroids.
- Drug users who inject steroids are at greater risk for infections, including HIV and hepatitis.
- Avoid environments where steroid use might occur.
- Avoid people who you believe are involved with steroid use.
- Androstenedione and other similar hormonal substances are controlled substances and are no longer available in dietary supplements.

Side Effects from use of Anabolic Steroids

All professional and amateur sports organizations ban the use of steroids because of their dangerous side effects and because steroids give competitors an unfair advantage.

- The use of steroids by young people whose bones are still growing will result in stunted growth.
- Girls, like boys, use steroids to excel at their sport, recover from injury and modify their appearance.
- Girls who use steroids can grow body and facial hair and experience permanent voice lowering.
- Boys who use steroids can form breast tissue, begin to lose their hair (go bald) and have their testicles shrink.
- Boys and girls who use steroids can have thick, oily skin, which often leads to severe acne on the face and body.
- Steroid users report an initial feeling of well being that is later replaced by mood swings, loss of sleep and paranoia. Reports of depression are common in people who stop using steroids.
- Some athletes have died from steroid use either because of the effects of the steroids on their body or the effects of discontinuing steroid use without a doctor's help.

Athletes who are caught using steroids embarrass themselves, their parents, their coaches and their schools.

