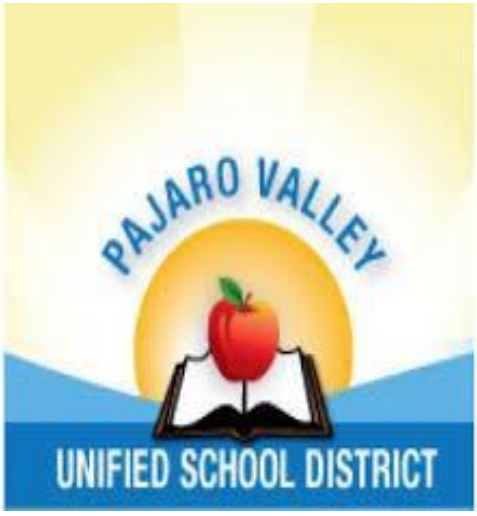

STUDENT-ATHLETE AND PARENT HANDBOOK

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SECTION I: PHILOSOPHY, GUIDELINES & PROTOCOLS

PHILOSOPHY OF STUDENT ATHLETICS

The Governing Board of the Pajaro Valley Unified School District recognizes that the athletic program enhances students' feelings of connectedness with the schools and helps to build a positive school climate. The athletic program also promotes the physical, social, and emotional well-being and character development of participating students. The district's athletic program is designed to meet student interests and abilities and is varied in scope to attract wide participation. The district encourages and supports student participation in the athletic program without compromising the integrity and purpose of the educational program. (BP 6145.2-Athletic Competition) The District recognizes that athletics is an important component of a student's complete educational development. As such, we believe that all students should have an opportunity to participate in some form of interscholastic athletics and that such participation should encourage positive scholastic and social growth and achievement. All participants and teams will represent the school and community in a positive manner. Student-Athletes will reflect the dedication and hard work that will be required to compete and be successful. Success will be measured by the knowledge that each participant gave his/her best effort and prepared for each contest to the best of his/her ability rather than the records achieved by teams or individuals. The District realizes that an effective interscholastic athletic program is the product of responsible cooperation between its four major components: each high school's parents, the student-athlete, coaching staff, site/district administration.

COMMUNICATION *(In the event there is a concern)*

In our continuing effort to establish and maintain clear lines of communication between the school Athletic Department Staff and the parents/guardians of our student-athletes, the coaching staff has establish a process for communication. ***Do not attempt to confront a coach before or after a contest or practice.*** Those can be emotional times for both the parent and the coach. Meetings of that nature, and at those times, do not promote positive communication or resolution. A 24 hour cool down period is expected by all associated with the athletic program. The following guidelines will help make the communication process a productive and positive experience.

STUDENT-ATHLETE, PARENT, COACH SUPPORT GUIDELINES

It is the intent of the school Athletic Department to provide an avenue for meaningful dialogue and positive communication between coaches, student-athletes and parents. Working together, we can and will accomplish many great things.

STUDENT-ATHLETE, PARENT, COACH COMMUNICATION PROTOCOLS

The protocol when resolving an issue between student-athlete and coach is as follows;

- **First Step** > Student-athlete will make an appointment and meet with the coach;
- **Next Step** > Student-athlete and parent will make an appointment and meet with coach;
- **Third Step** > Student-athlete and parent will make an appointment to meet with coach and athletic director; and
- **Final Step** > Student-athlete and parent will make an appointment to meet with coach, athletic director, and administrator in charge of athletics.

PARENT SUPPORT GUIDELINES

- All meetings with coaches are to be made **BY SCHEDULING AN APPOINTMENT**. Coaches will make their work numbers and / or email addresses available to parents. Parents will refrain from calling coaches at their homes, unless absolutely necessary.
- The District will not allow spontaneous meetings between parents and coaches on the athletic fields, in the gyms, or locker rooms.
- Coaches **WILL NOT** discuss other student-athletes with parents.
- Parents/guardian/fan who shows misconduct at athletic events that warrant intervention by a school administrator at home or away events will be asked to leave. If a second offense occurs the parent/guardian/fan will be suspended from a game and must complete the online course - NFHS "Positive Sport Parenting" https://nfhslearn.com/courses/18000. On the third offense the parent/guardian/fan will be expelled from all school athletic events for the remainder of the school year and/or the following year.
- Parents who verbally abuse a coach may be subject to possible criminal charges.

SECTION II: ATHLETIC GUIDELINES

RESIDENTIAL ELIGIBILITY

District Inter-district Transfer Request: State law governing school districts requires that each district ensures the placement of students living within its residential borders first. Students on inter-district transfers can only be accepted on a "space available" basis and only after local students have been enrolled. For this reason, Pajaro Valley Unified School District *may not* be able to place inter-district transfer students until all resident students are placed. **(PVUSD BP/AR 5117 – Inter-district Transfer)** The California Interscholastic Federation Bylaws require that students who participate on a school team must be living with parents or legal guardians who reside within the school's attendance boundaries. All exceptions to this rule require that special permission forms and letters of approval be on file before a student can be declared eligible. Any transfer student (except entering 9th graders) must obtain and fill out the necessary C.I.F. forms and receive C.I.F. clearance before he/she may participate in any contests. ***Inter-district Transfers do not guarantee athletic eligibility*.** Questions about residential eligibility should be directed to the Athletic Director.

State "Open Enrollment" Transfer Option: A California law called the *"Open Enrollment Act"* was enacted January 7, 2010. This law provides an opportunity for parents/guardians of students attending one of California's 1,000 identified "Open Enrollment Schools" the option to enroll in a different school having a higher *Academic Performance Index (API) within PVUSD.* **(See PVUSD BP/AR 5118 - Open Enrollment Act Transfer)**

Note regarding athletic eligibility: A student admitted to a district school through the Open Enrollment process is be deemed to have fulfilled district residency requirements and meets the CIF requirement for athletic eligibility.

District Open Enrollment or Intra-district Transfer: State law requires school districts to adopt policies allowing District residents to apply for open enrollment or intra-district transfer to schools within the District but outside their resident attendance area. An open enrollment period is designated annually and any student may apply. Acceptance is based on established priorities (e.g. siblings, etc.) and a random unbiased lottery. **(PVUSD BP 5116 - Open Enrollment and Intra-district Transfer and AR 5116.2 - Open Enrollment)** Intra-district transfers are limited to specific reasons, including Serious Medical Condition of the Student, Hardship – Family and legitimate change of residence to remain at original school of residence. **(PVUSD AR 5116.3)**

CIF Bylaw 206.C.10 Athletically-Motivated Valid Change of Residence

If a student completes a valid change of residence as provided in Bylaw 206.C.(1-5), a student-athlete may not be eligible to participate at the varsity level if there is evidence the move was athletically motivated or the student enrolled in that school in whole or in part for athletic reasons (CIF Bylaw 200; 510.B.-E.) Because the penalty for allowing an ineligible athlete to participate is severe (forfeiture of all contests in which the athlete participated), any athlete living outside of their assigned school attendance boundaries' must notify the athletic director of his/her residence at the beginning of the season, so that the athletic director can make sure all of the appropriate forms and approvals are on file. An athlete who is dishonest about his/her residence places an entire team in jeopardy. Any athlete known to be using a false address or otherwise not being honest about a residence should be immediately reported to the

coach to avoid penalizing the entire team. If a student and his/her parents move out of the attendance area, but the student remains in the school, the student must immediately report his/her change of residence to the appropriate administrator.

School site administrator, or designees, may verify a student-athlete's residential eligibility by performing any of the following procedures: a phone call, a home visit, or any other appropriate measure to ensure verification consistent with **PVUSD AR 5112 and AR 5112.16** District and attendance area residency verification procedures

ACADEMIC ELIGIBILITY FOR PARTICIPATION IN ATHLETIC PROGRAMS

The district recognizes that the athletic program is an important adjunct to the major duty of the schools which is to provide a relevant academic and vocational education for each student. Commencing on January 27, 1987, any student participating in high school athletics must meet the following academic requirements: **(BP 5312.1)**

1. Be passing in at least 25 units per semester or 12.5 units per quarter. (In computing eligibility, units for repeated classes shall be included in the total when the repeat is for legitimate academic purposes and is approved by the principal or counselor.) **(BP 5312.11)**
2. Must be achieving a grade point average (GPA) of at least 2.0 in all enrolled courses. **(BP 5312.12)**
3. Must be passing in at least five classes. **(BP 5312.13)**
4. Any student failing to meet the required academic standards, based on the last regular grading period, is ineligible for participation including practice, tryouts, workouts, etc. until eligibility is confirmed by grades at a subsequent grading period. **(BP 5312.14)**
5. As permitted by Section 35160.5 of the California Education Code, students entering the Freshman class in the first quarter of the academic year are not subject to the eligibility requirements described above. Any pupil whose academic record from the 8th grade does not qualify him or her for participation in athletics shall be placed on a probationary period for one quarter (grading period). During that probationary period, he or she shall be permitted to take part in interscholastic athletics. Eligibility for second quarter participation, however, shall be determined by grades received for the first grading period. This probationary period for Freshman students is only probationary period permitted under this policy. **(BP 5312.15)**
6. Other CIF regulations regarding eligibility to compete in athletic programs shall be honored by the high schools of the Pajaro Valley Unified School District. **(AR 5312.16)**

Student- athletes who do not maintain these requirements and are dismissed from a team will not be eligible for postseason honors or recognition (Certificates, Letters, etc.)

ELIGIBILITY AT TEAM TRYOUTS:

- **Fall Sports** – The minimum 2.0 Grade Point Average is determined by the previous "End of Term" grading period.
- **Winter Sports** – The minimum 2.0 Grade Point Average is determined by "First Quarter" grading period.
- **Spring Sports** – The minimum 2.0 Grade Point Average is determined by the previous "End of First Semester" grading period.

TRYOUTS PROCEDURES:

CIF Bylaw 201.4.b states that eighth graders who have not graduated from the eighth grade may not participate in any athletic meetings, practices or competition of any kind at any high school.

The following is an outline of some of the basic guidelines/timelines that the PVUSD Athletic Departments follows prior to and at the start of a sport season. There are three sport seasons: fall, winter and spring.

SECTION II: ATHLETIC GUIDELINES (Continued)

Because of the unique nature of each individual sport, this outline may include or exclude some items that the coaching staff does or does not use.

1. Pre-season sign-up meetings: One to three months prior to the start of the season
   a. Fall, winter, and spring seasons begin according to the C.I.F. calendar
2. Pre-season conditioning: Four to six weeks prior to the start of the season
3. Necessary forms and paperwork handed out / turned in to Athletics
4. Mandatory Student / Parent Meeting
5. Eligibility: Refer to Academic Eligibility.
6. Try-outs:
   a. Cuts may be made following each of the three day tryout sessions.
   b. Head Coaches will make the decision in determining the final roster.
   c. Student- Athletes may make an appointment with the Head Coach to obtain feedback as to why they did not make the team.

CONTINUING ACADEMIC ELIGIBILITY

All students who wish to continue to participate in athletics may remain eligible if: On any grade of record the student has maintained a minimum academic 2.0 GPA and be passing in at least 25 units per semester or 12.5 units per quarter. **(BP 6145.[a])**

INTER-SCHOLASTIC ATHLETIC COMPETITION.

Athletic competition between the high schools of the PVUSD, or between those schools and high schools in other districts, shall be conducted under rules prescribed by the California Interscholastic Federation (CIF). The principal of each high school is responsible for administration of the athletic program, assuring that student athletes are afforded wholesome experience which emphasizes good sportsmanship, promotes individual and group excellence, and encourages personal development as described in the district's philosophy of Education **(AR 5312)**.

NON-DISCRIMINATION

All students have access to athletic opportunities regardless of race, color, ancestry, national origin, nationality, ethnicity, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics. . **(BP 6145.[a])**

PHYSICAL EXAMS

Athletes must have a yearly physical from a qualified physician (MD) who completes the medical examination report. In order to be accepted for athletics, the physical must be completed ***after*** May 1 of the school year in which the athlete plans to compete. **Completed papers should be given to the athletic director/athletic support staff.**

GENERAL BEHAVIOR

Student-athletes must comply with all rules and regulations as specified by California Education Code, California Penal Code, and PVUSD Board Policies, CIF Bylaws, and the CIF/PVUSD Code of Conduct. In addition:

1. Profanity, unsportsmanlike conduct, and disrespect to any person or institution will not be tolerated.
2. Athletes accept responsibility for their behavior both on and off the field or at school. Examples of inappropriate behavior include, but are not limited to:
   a. An athlete's language and behavior should not embarrass himself/herself, the team, the school, the district, or the community.
   b. Defiant behavior toward any coach, school official, or game official.
   c. Profanity, throwing of equipment or any similar display.

d. Misuse of social media at all times as defined by the PVUSD Social Media Guidelines for Students

When attending or participating in extracurricular and/or co-curricular activities on or off campus, district students are subject to district policies and regulations relating to student conduct. Students who violate district policies and regulations may be subject to discipline including, but not limited to, suspension, expulsion, transfer to alternative programs, or denial of participation in extracurricular or co-curricular activities in accordance with Board policy and administrative regulation. When appropriate, the Superintendent or designee shall notify local law enforcement.
(BP 5131 – Conduct)

SCHOOL ATTENDANCE

Attending all classes is a high priority for all student-athletes: many athletic events require students to miss classes during the week making it very important for all student-athletes to establish good attendance patterns and communicate with their teachers about assignments to be done. Students must attend 4-hours (minimum) of the school day, excluding lunch, in order to participate in practice or competition that day. Subject to the discretion of the athletic director.

SECTION III: GENERAL RULES

TRAINING RULES

For health and safety reasons, students should understand that the PVUSD believes that the use of tobacco, alcohol, drugs, and performance enhancing drugs and restricted supplements is not acceptable for high school athletes. Any violation of these training rules may also result in school disciplinary action according to PVUSD Board Policies and California Education Code. The following information concerning tobacco, alcohol, drug, and performance enhancing drugs and restricted supplement use is the policy adopted by the Pajaro Valley Unified School District. It is a policy designed to be supportive and helpful to students/athletes, not just punitive. Students and parents must realize that it is their responsibility to follow this cumulative policy, and repeated offenses will result in progressive consequences.

SUBSTANCE ABUSE: CO-CURRICULAR ACTIVITIES **(Board Policy Range: 5410.40 -5410.42)**

BASIC POLICY:
Because mood-altering chemicals are a significant threat to health and to the orderly conduct of the schools, and because athletic coaches and activities advisers have a unique relationship with young people, the PVUSD has adopted this policy of prevention, intervention, assistance and control for students who participate in co-curricular activities. (Co-curricular activities are those described in District Policy 5313.1.) **(BP 5410.40)**

- **Purpose of this policy**. **(BP 5410.41)**
  1. To emphasize the district's concern for the health of students as it affected by short and long term effects of chemical usage.
  2. To promote equity, a sense of order, and discipline among students.
  3. To confirm and support existing state and federal laws which restrict the use of chemicals.
  4. To establish standards of conduct for those students who are involved in leadership positions.
  5. To provide assistance to students and their families through school-based early intervention program and/or referral to a chemical abuse treatment agency

ANDROGENIC/ANABOLIC STEROIDS

The use of androgenic/anabolic steroids or restricted supplements including synephrine to expedite the physical development and to enhance the performance level of Athletes presents a serious health hazard to student athletes. The student shall not use androgenic/anabolic steroids without the written permission of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition. The student's violation of District policy regarding steroids or dietary supplements shall result in discipline against the student, including, but not limited to, restriction from athletics, suspension or expulsion from school. 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 523). We also recognize that under *CIF Bylaw 202.B*, there could be penalties for false or fraudulent information.

USE OF ALCOHOLIC BEVERAGES OR DRUG USE

Any student that is suspended from school for the use/possession/sale/purchase of alcohol or drugs while at school or any school activity during his/her season will be subject to the consequences outlined in the athletic policy.

TOBACCO – SMOKING (E-cigarettes) CHEWING POLICY

Any student who is suspended from school for the use of tobacco, or possesses tobacco in any form while at school or any school activity during the season will be subject to the consequences outlined in the athletic policy.

Rule: As provided in **AR 5410.2**, no student may use or possess tobacco (in any form) alcohol, marijuana, restricted supplements, or any illegal drug while at school or while under the jurisdiction of the school. Violation of this rule shall result in the following: **(BP 5419.42)**

First Violation (BP 5410.21)

A. Referral to school administration. Will require a behavior contract signed by student and parents.
B. Two-week contest activity ineligibility.
C. Practice for activity or sport may be continued.

Second Violation (BP 5410.422)

A. Referral to school administration. Will require an update the behavior contract signed by student and parents.
B. Eligibility for co-curricular participation:
   - Middle School – **Four-week** contest/activities ineligibility – may continue practice.
   - High School – **Six-week** contest/activities ineligibility from the date of the event.

Third Violation (BP 5410.423)

A. Referral to administration for review and possible expulsion **(See AR 5410.2, A.7.)**
B. Will result in suspension from participation in all interscholastic athletics for one calendar year. (365 days)

ALL VIOLATIONS. (BP 5410.424)

All Violations shall be cumulative while:

A. The student is attending any school in the district; or
B. During any three year period in which the student attends two or more schools in the district.

HAZING / BULLYING

Harassment or bullying of students or staff, including, but not limited to, cyberbullying, intimidation, hazing or initiation activity, extortion, or any other verbal, written, or physical conduct that causes or threatens to cause violence, bodily harm, or substantial disruption, in accordance with the section entitled "Bullying/Cyberbullying":

Bullying/Cyberbullying includes the transmission of communications, posting of harassing messages, direct threats, or other harmful texts, sounds, or images on the Internet, social networking sites, or other digital technologies using a telephone, computer, or any wireless communication device. Cyberbullying also includes breaking into another person's electronic account and assuming that person's identity in order to damage that person's reputation.

Any subsequent violation anytime during the athlete's high school career will result in suspension from participation in all interscholastic athletics for one calendar year (*365 days*). When appropriate based on the severity or pervasiveness of the bullying, the Superintendent or designee shall notify the parents/guardians of victims and perpetrators and may contact law enforcement. **(BP 5131.4 - Student Disturbances)**

SOCIAL MEDIA

Social Media Guidelines for Students

If a student-athlete's online profile and/or its comments violate Pajaro Valley Unified School District's social media guidelines as adopted by the governing Board or Superintendent in a published policy, the student athlete may be subject to discipline as may be warranted based on the severity of the offense, the harm to another party, and/or the number of violations that exist. Possible consequences may have school and/or athletic consequences.

Examples of possible athletic consequences may include:

1. May be removed from a practice.

2. The student athlete may be suspended from 1 contest, parent contacted, and administrative referral.

SECTION III: GENERAL RULES continued

3. The student athlete may be suspended from 2 contests, parent, student, coach meeting, and an administrative referral.
4. The student athlete may be removed from the team, parent, student, coach, athletic director meeting and an administrative referral.
5. Other school disciplinary actions may also apply.

Social Media Guidelines for Coaches

The use of social media by all coaches should be restricted to supplying information about meetings, practice times, and other team or school related information. It is also the responsibility of the all coaches to model and develop moral intelligence on the cyber-field. Demonstrating and reminding student-athletes there is such a thing as cyber-integrity, cyber-responsibility, and cyber-respect. All coaches will follow the same guidelines as adopted by the governing Board or Superintendent in a published policy and will sign an agreement as part of their contract.

TRAVEL

The district provides transportation to selected away contests.

1. Bus departure times are determined by a collaborative effort between sites Athletic Department & PVUSD Transportation Department.
2. At the coach's discretion, students may be signed off the return bus by their parents/guardians.
3. At the discretion of the Principal or designee; prior to leaving for the game, students may be signed off the return bus by an approved adult driver that has been cleared by the PVUSD Transportation Department and has a permission slip with prior approval signed by the parent.
4. All athletes will dress in an appropriate manner for bus trips. Coaches will establish requirements for proper attire.
5. Students are expected to conduct themselves in a mature, responsible manner. Profanity and inappropriate behavior will not be tolerated.
6. Students are expected to follow all rules set forth by the bus driver and/or coach, to be courteous and respectful at all times.

Students are required to travel on school transportation. Under special circumstances, with Principal or designee and coach prior approval, students may be transported to the event by their parent/guardian or other designated adult drivers cleared by the PVUSD transportation Department.

SECTION IV: CRISIS CONTROL

CRISIS CONTROL RATIONALE

According to CIF Bylaw 503.3 any player ejected or any player who leaves the confines of the bench or team area during a fight that may break out or has broken out shall be disqualified from participating in the remainder of the game and will be ineligible for the team's next contest. This bylaw also applies to a fight that may occur after the game before the teams have vacated the playing area.

With regard to CIF Bylaw 503.3, PVUSD Code of Conduct and California Education Code it is imperative that a "Crisis Control Plan" be developed to manage the behavior of all athletes in these situations.

CRISIS CONTROL UNREST PLANS

If a physical altercation should occur on the playing field/court during a contest, the following action will take place:

- All athletes in the sideline/bench area will remain there, and all athletes on the field/court are to move immediately to the sideline/bench area.
- All parents/guardians, fans, etc. are to remain in the stands or in the sideline/bench area if there are no stands.
- No unsportsmanlike words or actions are to come from members of any PVUSD athletes in contests.
- Coaches will periodically rehearse how to behave if a conflict should occur in a contest.

CRISIS CONTROL CONSEQUENCES

Student-athletes, performers or competitors involved in a fight, while in uniform and/or at a performance/competition will have the following consequences:

- ***1st OFFENSE:*** The game/performance where incident occurred and the next game/performance suspension/school suspension.
- ***2nd OFFENSE:*** Complete removal from the team and school suspension.

Each situation will be evaluated on an individual basis by the administration. Input will be provided by the appropriate coach or advisor. When available video will be viewed.

SECTION V: MISCELLANEOUS.

EQUIPMENT

The Pajaro Valley Unified School District provides a great deal of money to maintain and purchase proper equipment. Equipment is to be handled properly for safety and financial reasons and also to teach students responsibility.

1. All equipment will be inventoried, numbered, and checked out by coaches.
2. Students are responsible for the security of their equipment and uniforms. In some cases, particularly with game uniforms, the replacement fee may be higher than the original purchase price because special processing and printing may be required to duplicate the uniform.
3. Students are expected to turn in the same piece(s) of equipment checked out to them.
4. Equipment should be returned in the same condition as it was received. Equipment and uniforms should be cleaned before being returned. Students are expected to make arrangements to have torn or ripped clothing repaired prior to turning it into the coach.
5. All equipment must be returned within one week of the last contest.
6. No awards (letters, trophies, etc.), grades or transcripts will be issued until all equipment is returned and/or paid for by the student-athlete.
7. Students must return or pay for all equipment before they can practice or participate in another sport. In unusual circumstances when a significant amount of money is owed, arrangements for repayment can be made with the coach and the administrator in charge of athletics.
8. Students who leave a team prior to the end of the season must turn in their equipment and uniform within one week.
9. Personal athletic equipment purchased by the athlete/athletes' family (non-school) must meet all CIF, NFHS, and PVUSD requirements for safety. **Any alteration of equipment is not allowed.**

LEAVING A TEAM

Students are encouraged to try a variety of sports and students may leave a team prior to the first contest, excluding scrimmages, without penalty, by personally notifying the Head Varsity Coach that they no longer wish to participate. After this "try-out" period, students may leave a team under the following conditions:

1. It is the student's responsibility to notify the Head Varsity coach that he/she no longer wishes to participate after the first contest. The coach may request that the student explain the reason(s) for leaving the team. If the coach and student agree that the student can leave the team, the student may leave without penalty. If there is no agreement, the student may not begin practicing another sport until the season (including play-offs if applicable) has ended. This includes any off-season programs.
2. If a student-athlete is dismissed from a team, the student may not begin practicing another sport until the season (including play-offs if applicable) has ended. This includes any off-season programs.
3. If a student communicates with a coach, but no agreement can be reached, the student may appeal to the athletic director.

SECTION V: MISCELLANEOUS (Continued)

PARENT MEETING SCHEDULE

The Pajaro Valley School District holds an all sports preseason meeting at each high school for the purpose of involving families and the schools in creating partnerships to support the athletic program and student-athletes. Through such involvement and partnership, the opportunity for optimal growth and development of students is enhanced. Preseason meetings provide a forum for students and their parents, school activities staff and other adult leaders to openly discuss a variety of issues, such as sportsmanship, school policy, risk of injury/ failure to warn and healthy lifestyles, including the use of tobacco, alcohol and other drugs. These meetings represent an extraordinary opportunity to foster a dialogue among students, their parents and school staff—a dialogue that lays the groundwork for real collaboration towards healthier high school students and strong schools and communities.

1. Parents will sign in and must attend one time in their student-athlete's high school career.
2. Dates will be independently determined by each school.
3. A make-up meeting will be scheduled and will be independently determined by each school for each season of sport.
4. The student- athlete will not be eligible to play in any official contests until the parent has attended a mandatory sport night / team meeting.

MULTI-SPORT ATHLETES

The multiple-sport athlete is a key component to all high school athletic programs. In order for Pajaro Valley Unified School District athletic programs to be as successful as possible, we need the best athletes competing in a variety of sports. Our coaches understand that talented athletes bring fantastic skills, a competitive spirit and a drive to success. Therefore we have set standards to allow our student athletes the ability to focus on their season and have the most positive experience as multi-sport athletes as possible. Student athletes are expected to only commit to the season currently in session. Off season coaches may not expect student athletes to participate in any skill or conditioning sessions when playing another interscholastic sport that is in-season. During the summer off season, student athletes should never miss a competition (passing league over basketball skills session or a basketball summer league game over a baseball hitting session). When a conflict arises, the closest season of sport should take precedent. Communication between the student athlete and coaches is most important.

SECTION VI: "PURSUING VICTORY WITH HONOR"

CIF/PVUSD CODE OF CONDUCT

CODE OF CONDUCT FOR PARENTS/GUARDIANS

The role of the parent in the education of a student is vital. The support shown in the home is often manifested in the ability of the student to accept the opportunities presented at school and in life.

There is a value system–established in the home, nurtured in the school – that young people are developing. Their involvement in classroom and other activities contributes to that development. Trustworthiness, citizenship, caring, fairness and respect are lifetime values taught through athletics. These are the principles of good sportsmanship and character. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relations and graceful acceptance of the results.

As a parent/guardian of a student-athlete at our school, your goals should include:

1. Promote a healthy lifestyle that does not include the use of performance enhancing drugs or supplements;
2. Realize that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of a game;
3. Encourage our students to perform their best, just as we would urge them on with their class work;
4. Participate in positive cheers that encourage our student-athletes; discourage any cheers that would redirect that focus – including those that taunt and intimidate opponents, their fans and officials;
5. Learn, understand, and respect the rules of the game, the officials who administer them and their decisions;
6. Respect the task that our coaches face as teachers; and support them as they strive to educate our youth;
7. Respect our opponents as student-athletes, and acknowledge them for striving to do their best; and
8. Develop a sense of dignity and civility under all circumstances.

You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child, and our community, for years to come.

Violation of the above code of conduct could result in one or more of the following consequences: a warning, removal from the venue, suspension, or further discipline to be determined by the administration (per P.C. 602.1, 653g, and P.C. 6476).

CODE OF CONDUCT FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. Trustworthiness – be worthy of trust in all I do.
    a. Integrity – live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.
    b. Honesty – live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
    c. Reliability – fulfill commitments; do what I say I will do; be on time to practices and games.
    d. Loyalty – be loyal to my school and team; put the team above personal glory.

RESPECT

2. Respect – Treat all people with respect all the time and require the same of other student-athletes.
3. Class – Live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. Disrespectful Conduct – Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. 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

6. Importance of Education – Be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. Role-Modeling – Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.
8. 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.
9. Healthy Lifestyle – Safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. Integrity of the Game – Protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

11. Be Fair – Live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

12. Concern for Others – Demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to others or myself.
13. Teammates – Help promote the wellbeing of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. Play by the Rules – Maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. Spirit of Rules – honor the spirit and the letter of rules; avoid temptations to gain a competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

Suspension or termination of the participation privilege is within the sole discretion of the school administration.

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

All sections of this Agreement must be completed, with the signed original delivered to the PVUSD School Athletic Office, before a Student will be allowed to participate in any manner in the Team Activities defined below. A separate Agreement is required for each Team in which the Student may participate.

Print Student's Name		**Address:**	
Grade:		**City, State, Zip:**	
School:		**Telephone:**	

In Consideration for the Student's ability to participate in the Team [including any Sport, Cheerleading, Dance, or Marching Band], including try outs for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team events, shows, performances, and competitions, and traveling to and from any of the foregoing activities ("Team Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extracurricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or Pajaro Valley Unified School District (henceforth known as PVUSD) laws, policies or procedures. There is no guarantee that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the PVUSD school and its employees.
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 a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team 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 generally 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 PVUSD. Failure to meet these obligations may, in the discretion of the PVUSD school, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during a Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold PVUSD harmless from such property damage or bodily injury claims.
4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries") Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by PVUSD employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential Injuries, whether or not caused by the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against PVUSD, or any employee, agent or volunteer of PVUSD ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member, and further understand that transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code § 35330.
5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team

Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

6. Emergency medical information regarding the Student is on file with PVUSD school and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, PVUSD employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. Education Code Section 32221.5 requires us to notify you that: **Under state law, school districts are required to ensure that all members of 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 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; or (c) at least $1,500 for all such medical and hospital expenses. By signing below, the Adult is certifying that the Student is presently covered, and will remain covered during the length of the Team season, under the Policy, and the Policy complies with Section 32221.
7. Employees, agents or volunteers of PVUSD, 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. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.
8. By signing below the Adult understands and agrees to follow the prescribed policies presented in the "Parent Support Guidelines" as well as the "Strategies for Parent and Student-Athlete Participation". The Student and the Adult understand and agree to follow the prescribe policies in each of the following categories: Philosophy, Guidelines and Protocols; Athletic Guidelines; General Rules; Crisis Control; Miscellaneous; and Pursuing Victory with Honor. Failure to meet these obligations may, in the discretion of the PVUSD, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities.
9. This Agreement shall be governed by the laws of the State of California. 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 PVUSD. 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 statements, 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.

BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, 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, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (5) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian **Signature** **Date**

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

Printed Name of Student	Signature	Date

AGREEMENT FOR TEAM PARTICIPATION

Original to be signed and held on file in the School's Athletic Office for 1-year & copies distributed to each and every sport the Athlete participates in for that year.

PVUSD Student-Athlete and Parent Handbook Form PVUSD Adopted

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

ACUERDO DE PARTICIPACIÓN EN EQUIPOS

[Incluye renuncias y exenciones de posibles reclamos]

Este Acuerdo debe ser firmado y regresado a la Oficina de la Escuela antes de que un Estudiante pueda participar en Actividades en Equipos

Se debe indicar cada Equipo a continuación. Si alguno no figura, se requerirá un Acuerdo de Participación separado.

Otros Formularios que se requieren – Hoja de Información para Conmoción Cerebral y Lesiones en la Cabeza y Formulario de Examen Físico para Deportes

Estudiante:	Dirección:
Grado:	Fecha de nacimiento:
Escuela:	Teléfono:

A cambio de la posibilidad de que el Estudiante participe en un Equipo [inclusive cualquier Deporte, Porristas, Danza o Banda de Músicos], lo que incluye pruebas, prácticas, sesiones de tonificación o entrenamiento antes o durante la temporada, o sesiones de entrenamiento o campamentos de entrenamiento, o participación directa en eventos, exhibiciones, presentaciones o competencias del Equipo, o viajes de ida y vuelta a estas actividades (las "Actividades del Equipo"), el Estudiante y el Padre/Tutor (el "Adulto") que firman este Acuerdo convienen lo siguiente:

1. Es un privilegio y no un derecho participar en actividades extracurriculares, inclusive Actividades en Equipo. El privilegio podrá ser revocado en cualquier momento, por cualquier razón que no infrinja leyes federales o estatales ni políticas o procedimientos del Distrito. No hay garantía alguna de que el Estudiante integrará un Equipo, permanecerá en un Equipo, o participará activamente en eventos, exhibiciones, presentaciones o competencias del Equipo. Estas cuestiones continuarán dependiendo exclusivamente del criterio y discreción del empleado supervisor del Distrito o entrenador voluntario.

2. El Estudiante y el Adulto comprenden la naturaleza del Equipo, incluso los riesgos inherentes o potenciales de las Actividades en Equipo. El Estudiante goza de buena salud y estado físico adecuados para participar en las Actividades en Equipo, y desea voluntariamente participar en Actividades en Equipo. Antes de participar en cualquier Actividad en Equipo, se deben entregar a la oficina de la escuela un Formulario de Examen Físico para Deportes y una Hoja para Conmoción Cerebral y Lesiones en la Cabeza debidamente firmados (válidos por un año académico, para Actividades de Otoño/Invierno/Primavera).

3. El Estudiante debe cumplir con la instrucción y directivas de los maestros, entrenadores, supervisores, acompañantes e instructores de la Actividad en Equipo. Durante la participación del Estudiante en Actividades en Equipo, al igual que en otras actividades académicas y/o escolares, el Estudiante debe cumplir con todos los Códigos de Conducta aplicables. Además, en general el Estudiante se conducirá en todo momento de acuerdo con las más altas normas morales y éticas a fin de dar una imagen positiva de sí mismo, del Equipo y del Distrito. El incumplimiento de estas obligaciones podrá, a criterio del Distrito, causar la exclusión del Equipo y/o de las Actividades en Equipo. En caso de que el incumplimiento de estas obligaciones resultara en lesiones corporales o daños materiales, el Adulto se compromete a (a) pagar para reparar o reemplazar el bien dañado, (b) pagar por los daños por lesiones corporales causados a una persona, y (c) defender, proteger y eximir al Distrito de tales reclamos.

4. Las Actividades en Equipo contienen riesgos potenciales de daños o lesiones, incluso daños o lesiones que pueden llevar a una lesión corporal permanente o grave al Estudiante, entre ellas parálisis, lesión cerebral o muerte (las "Lesiones"). Las lesiones pueden surgir de las acciones o inacciones del Estudiante, de las acciones o inacciones de otro Estudiante o participante de la Actividad en Equipo, o de una falla real o supuesta por parte de los empleados, agentes o voluntarios del Distrito, en la guía, entrenamiento, instrucción o supervisión adecuadas de las Actividades en Equipo. Las lesiones también pueden surgir de una falla real o supuesta en el mantenimiento, uso, reparación o reemplazo adecuados de instalaciones o equipos fisicos disponibles para las Actividades en Equipo. Las lesiones también pueden surgir de trastornos o Lesiones físicas reales o potenciales no diagnosticadas, diagnosticadas incorrectamente, no tratadas, tratadas incorrectamente o no tratadas en el momento debido, sean o no causadas por o relacionadas con la participación del Estudiante en Actividades en Equipo. Todos estos riesgos se consideran inherentes a la participación del Estudiante en Actividades en Equipo. Por lo tanto, hasta el máximo alcance autorizado por las leyes, el Estudiante y el Adulto también asumen todos estos riesgos y renuncian y eximen de todo reclamo potencial futuro que de lo contrario podrían haber promovido contra el Distrito o contra cualquier
Miembro de la Junta, empleado, agente o voluntario del Distrito (las "Partes Eximidas"). Esto incluye todo reclamo que de lo contrario podría haber sido promovido en nombre del Estudiante o por un padre, administrador, albacea, fiduciario, tutor, cesionario o familiar. Asimismo, el Estudiante y el Adulto comprenden que las Actividades en Equipo y el transporte de ida y vuelta a las Actividades en Equipo son "excursiones" para las que existe inmunidad de responsabilidad, en cumplimiento del Código de Educación, artículo 35330.

5. Si el Estudiante considera que existe una situación o circunstancia riesgosa, o por otros motivos piensa o considera que continuar participando en la Actividad en Equipo podría presentar un riesgo de Lesión, el Estudiante interrumpirá de inmediato su participación en la Actividad en Equipo, notificará al personal de la escuela de la inquietud del Estudiante, y notificará de su inquietud a un padre o tutor del Estudiante. A partir de entonces, el padre o tutor no permitirán que el Estudiante participe en la Actividad en Equipo hasta que se resuelva o corrija la situación o condición arriesgada a su satisfacción.

6. La información médica de emergencia sobre el Estudiante figura en el expediente archivado por el Distrito y está actualizada. El Adulto se compromete a proporcionar información médica actualizada en el transcurso de la participación del Estudiante en las Actividades. Si ocurre una lesión o emergencia médica durante las Actividades en Equipo, los empleados, agentes o voluntarios del Distrito tienen mi autorización expresa para proporcionar o autorizar que se proporcione atención urgente o de emergencia, lo que incluye el transporte del

ACUERDO DE PARTICIPACIÓN EN EQUIPOS

El original debe permanecer archivado por un período de un (1) año después de que finalice el Año Académico Actual

PVUSD Student-Athlete and Parent Handbook Form PVUSD Adopted

Estudiante a la sala de urgencias o proveedor de atención de emergencia. En tales circunstancias, la notificación a mi persona y/o al Contacto de Emergencia sobre la lesión o emergencia médica se podrá demorar. Por lo tanto, todo proveedor de atención urgente o de emergencia tiene mi autorización expresa para efectuar los procedimientos de diagnóstico o anestésicos, y/o para brindar la atención o tratamiento médico (incluso cirugías) que pueda considerar razonables o necesarios teniendo en cuenta todas las circunstancias existentes. Todos los costos y gastos relacionados con dicha atención serán exclusivamente mi responsabilidad. Un Adulto sólo puede negar esta autorización presentando una Objeción a Atención Médica (Educación, 49407) sobre la base de sus creencias religiosas personales.

7. El Código de Educación, artículo 32221.5, requiere que le informemos que: **De acuerdo con las leyes estatales, los distritos escolares deben cerciorarse de que todos los miembros de los equipos deportivos de las escuelas tengan seguro contra lesiones por accidentes que cubra los gastos médicos y de hospital. Este requisito de seguro puede ser satisfecho si el distrito escolar ofrece un seguro u otros beneficios de salud que cubran los gastos médicos y de hospital. Algunos alumnos pueden ser elegibles para inscribirse en programas de seguro de salud sin costo o de bajo costo, ofrecidos por el gobierno local, estatal o federal. La información sobre estos programas se puede obtener llamando al Distrito.** El Código de Educación, artículo 32221, requiere que dicho seguro cubra los gastos médicos y de hospital que sean resultado de lesiones corporales en una de las siguientes cantidades: (a) un plan médico colectivo o individual con beneficios para accidentes de como mínimo $200 por cada incidente y cobertura médica general de como mínimo $10,000, que no tenga un deducible de más de $100 y que pague no menos del 80% para cada incidente; (b) planes médicos colectivos o individuales que estén certificados por el Comisionado de Seguros como equivalentes a la cobertura que se requiere de cómo mínimo $1,500; o (c) como mínimo $1,500 para todos estos gastos médicos y de hospital. Puede satisfacer esta obligación en una de estas dos formas:

   Opción 1: Seguro médico privado/Medical. Si selecciona esta opción, por favor indique _____ (Nombre del Asegurador/Proveedor) y _____ (Número de póliza/Número de identificación), _____ (indique las fechas de cobertura o "continua"). El Adulto declara que el Estudiante está cubierto y continuará estando cubierto durante el transcurso de la temporada del Equipo, y que existe cobertura en las cantidades que requiere el artículo 32221.

   Opción 2: Contratar un seguro que satisfaga los requisitos del artículo 32221 para el período durante el cual el Estudiante esté participando en el Equipo, a través de un proveedor de cobertura ofrecido por el Distrito [por favor comuníquese con el Distrito para obtener información adicional sobre este programa]. Si usted no puede pagar dicho seguro debido a su situación financiera, puede presentar una solicitud de renuncia al pago [los formularios para solicitar esta renuncia también están disponibles a través del Distrito] y, si no existe una forma de pago alternativa a través de organizaciones privadas o de beneficencia, el Distrito obtendrá financiación o proporcionará la cobertura que se requiere.

8. Los empleados, agentes o voluntarios del Distrito, miembros de la prensa o los medios de comunicación, u otras personas que puedan asistir o participar en las Actividades en Equipo podrán fotografiar, grabar en video o tomar declaraciones del Estudiante. Tales fotografías, grabaciones de video, grabaciones o declaraciones escritas podrán ser publicadas o reproducidas de manera que muestre el nombre, rostro, semejanza, voz, pensamientos, creencias o apariencia del Estudiante a terceros, esto incluye, entre otros, webcasts, televisión, películas, filmaciones, diarios, libros del año y revistas. Tales artículos publicados o reproducidos, sea o no para obtener una ganancia, podrán ser utilizados para seguridad, capacitación, publicidad, noticias, promoción, información o cualquier otro fin lícito. Autorizamos y damos nuestro consentimiento a tales publicaciones o reproducciones, sin remuneración, y sin reserva ni limitación alguna.
9. Este Acuerdo debe ser interpretado en sentido amplio con el fin de dar cumplimiento a estos convenios y disposiciones, y no se interpretará en perjuicio de las Partes Eximidas basándose exclusivamente en que el Acuerdo fue redactado por el Distrito. Si alguna parte de este Acuerdo es declarada nula o ineficaz, todas las demás disposiciones se mantendrán vigentes. No se permite la modificación oral de este Acuerdo, ni los supuestos cambios o modificaciones de sus condiciones por medio de conductas o declaraciones verbales posteriores. Este Acuerdo representa el único y exclusivo convenio entre las partes, y ni el Adulto ni el Participante se basan en ninguna otra declaración para decidir si firmarán este Acuerdo o si para aceptar participar en Actividades en Equipo.

COMO ADULTO QUE FIRMA AL PIE: (1) RENUNCIO A DERECHOS REALES O POTENCIALES DE IMPORTANCIA CON EL FIN DE PERMITIR QUE EL ESTUDIANTE PARTICIPE EN LAS ACTIVIDADES EN EQUIPO; (2) HE FIRMADO ESTE ACUERDO SIN NINGÚN TIPO DE ALICIENTE NI GARANTÍA, Y CON PLENA CONCIENCIA DE LOS RIESGOS INHERENTES A LAS ACTIVIDADES; (3) NO TENGO NINGUNA PREGUNTA SOBRE EL ALCANCE O INTENCIÓN DE ESTE ACUERDO; (4) COMO PADRE O TUTOR LEGAL, TENGO EL DERECHO Y LA AUTORIDAD PARA CELEBRAR ESTE ACUERDO, Y PARA CONTRAER OBLIGACIONES EN MI NOMBRE, DEL ESTUDIANTE Y DE TODO Y CUALQUIER OTRO FAMILIAR, REPRESENTANTE PERSONAL, CESIONARIO, HEREDERO, AGENTE O TUTOR, EN VIRTUD DE LAS CONDICIONES DE ESTE ACUERDO Y HE EXPLICADO ESTE ACUERDO AL ESTUDIANTE, QUIEN COMPRENDE SUS OBLIGACIONES

Nombre y apellido del Padre/Tutor en letra de molde	**Firma**	**Fecha**

Como Estudiante, comprendo y estoy de acuerdo con todas las obligaciones que me asigna este Acuerdo.

Nombre y apellido del Estudiante en letra de molde	**Firma**	**Fecha**

ACUERDO DE PARTICIPACIÓN EN EQUIPOS

El original debe permanecer archivado por un período de un (1) año después de que finalice el Año Académico Actual

PVUSD Student-Athlete and Parent Handbook Form PVUSD Adopted

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

AGREEMENT FOR PARENT SUPPORT

All sections of this Agreement must be completed, with the signed original delivered to the School Athletic Office, before a Student will be allowed to participate in any manner in the Team Activities defined below. A separate Agreement is required for each Team in which the Student may participate.

Print Student's Name	Address:
Grade:	City, State, Zip:
School:	Telephone:

BY SIGNING BELOW: **(1)** I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; **(2)** I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, 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, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; **(5)** I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

COMMUNICATION:

In our continuing effort to establish and maintain clear lines of communication between the school Athletic Department Staff and the parents/guardians of our student-athletes, the coaching staff has establish a process for communication. Do not attempt to confront a coach before or after a contest or practice. Those can be emotional times for both the parent and the coach. Meetings of that nature, and at those times, do not promote positive communication or resolution. A 24 hour cool down period is expected by all associated with the athletic program. The following guidelines will help make the communication process a productive and positive experience.

PARENT SUPPORT GUIDELINES:

It is the intent of the Athletic Department to provide an avenue for meaningful dialogue and positive communication between coaches and parents. Working together, we can and will accomplish many great things.

Parents can use this process to ask questions and obtain information.
The coach will discuss what the student-athlete needs to work on in order to improve.
The coach will only talk to a parent/guardian about his/her own child.
If the guidelines are not adhered to, the discussion will be end.
If a resolution is not reached, the parent/guardian should then contact the head varsity level coach in that particular sport or the athletic director if the discussion already involves the head varsity coach.

Parents / guardian / fan who show misconduct at athletic events that warrant intervention by a school administrator at home or away events will be asked to leave. If a second offense occurs the parent / guardian/ fan will be suspended from a game and must complete the online NFHS "Positive Sport Parenting" https://nfhslearn.com/courses/18000, On the third offense the Parent / Guardian / fan will be expelled from all school athletic events for the remainder of the school year and/or the following year.

Parents who verbally abuse a coach may be subject to possible criminal charges.

GUIDELINES FOR PARENT AND STUDENT-ATHLETE PARTICIPATION:

1. All meetings with coaches are to be made BY SCHEDULING AN APPOINTMENT. Coaches will make their work numbers and / or email addresses available to parents. Parents will refrain from calling coaches at their homes, unless absolutely necessary.
2. There will be no spontaneous meetings between parents and coaches on the athletic fields, gyms, or locker rooms.
3. Coaches will not discuss player position, playing time, offensive, defensive or game philosophy/decisions with parents.
4. The protocol when resolving an issue between student-athlete and coach is as follows;
   A. First Step > student-athlete will make an appointment and meet with the coach,
   B. Next Step > student-athlete and parent will make an appointment and meet with coach,
   C. Third Step > student-athlete and parent will make an appointment to meet with coach and athletic director,
   D. Final Step > student-athlete and parent will make an appointment to meet with coach, athletic director, and administrator in charge of athletics.
5. There will be no establishment of parent groups, websites, athlete groups, etc., without the written consent of the head coach, the athletic director, and the principal of the school.
6. The sole purpose of an extracurricular parent booster group is for positive reinforcement and support of the athletes, the athletic program, and to assist in the fund-raising for that program. This is the sole purpose of booster support.
7. Any student-athlete that makes the decision to leave the team will make an appointment with the head coach to notify him/her of their decision, and hand in any school issued equipment.
8. Each coach will give a deadline date for school issued equipment to be turned in. Failure to turn in equipment by that date will result in a $50.00 fine from the athletic department. In the case of equipment not returned or returned in unusable condition, the student-athlete will be charged for the replacement of this equipment.
9. Each athlete will have NO part in any incidents of hazing, initiation, harassment, disorderly conduct toward, intimidation of, bullying of, or discriminating against any other student, parent, or coach from Pajaro Unified School District, or any of our opponents. Failure to follow this policy will result in sanctions per PVUSD board policy

Printed Name of Parent/Guardian **Signature** **Date**

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

Printed Name of Student	Signature	Date

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

ACUERDO DE APOYO A LOS PADRES

Todas las secciones de este Acuerdo deben ser completadas, con el original firmado entregado a la Oficina Escolar de Atletismo, Antes de que un Estudiante pueda participar de cualquier manera en las Actividades del Equipo definidas a continuación. Se requiere un Acuerdo por separado para cada Equipo en el que el Estudiante pueda participar.

Imprimir los estudiantes Nombre	Direccion:
Grado:	Ciudad,, Estado, Codigo Postal:
Escuela:	Telefono:

FIRMANDO A CONTINUACIÓN: (1) ESTOY SUMINISTRANDO DERECHOS REALES O POTENCIALES SUBSTANCIALES PARA PERMITIR QUE EL ESTUDIANTE PARTICIPE EN ACTIVIDADES DE EQUIPO; (2) HE FIRMADO ESTE ACUERDO SIN NINGUNA INDUCCIÓN O ASEGURAMIENTO DE NINGUNA NATURALEZA Y CON APRECIACIÓN COMPLETA DE LOS RIESGOS INHERENTES EN LAS ACTIVIDADES DE EQUIPO; (3) NO TENGO NINGUNA PREGUNTA CON RESPECTO AL ALCANCE O INTENCIÓN DE ESTE ACUERDO; (4) TENGO EL DERECHO Y LA AUTORIDAD DE ENTRAR EN ESTE ACUERDO, Y PARA OBLIGARME, EL ESTUDIANTE, Y CUALQUIER OTRO MIEMBRO DE LA FAMILIA, REPRESENTANTE PERSONAL, ASIGNAR, HEIR, FIDEICOMISO O TUTOR A LOS TÉRMINOS DE ESTE ACUERDO; (5) HE EXPLICADO ESTE ACUERDO AL ESTUDIANTE, QUE COMPRENDE SUS OBLIGACIONES. COMUNICACIÓN

En nuestro continuo esfuerzo por establecer y mantener líneas claras de comunicación entre el personal del Departamento de Atletismo de la escuela y los padres / tutores de nuestros estudiantes atletas, el personal técnico ha establecido un proceso para la comunicación. No intente confrontar a un entrenador antes o después de un concurso o práctica. Ésos pueden ser tiempos emocionales para el padre y el coche. Las reuniones de esa naturaleza, y en esos momentos, no promueven una comunicación o resolución positiva. Un período de enfriamiento de 24 horas es esperado por todos asociados con el programa atlético. Las siguientes pautas ayudarán a que el proceso de comunicación sea una experiencia productiva y positiva.

PAUTAS DE APOYO A LOS PADRES

- Es la intención del Departamento de Atletismo proporcionar una avenida para el diálogo significativo y la comunicación positiva entre los entrenadores y los padres. Trabajando juntos, podemos y vamos a lograr muchas cosas grandes.
- Los padres pueden usar este proceso para hacer preguntas y obtener información.
- El entrenador discutirá lo que el estudiante-atleta necesita para trabajar en el fin de mejorar.
- El entrenador sólo hablará con un padre / guardián sobre su propio hijo.
- Si no se cumplen las directrices, la discusión terminará.
- Si no se alcanza una resolución, el padre / guardián debe ponerse en contacto con el entrenador principal de nivel universitario en ese deporte en particular o el director atlético si la discusión ya involucra al entrenador principal.

Se les pedirá a los padres / tutores / aficionados que muestren conducta inapropiada en eventos atléticos que justifiquen la intervención de un administrador de la escuela en casa o fuera de los eventos. Si ocurre una segunda ofensa, el padre / guardián / aficionado será suspendido de un juego y deberá completar el NFHS "Positive Sport Parenting" https://nfhslearn.com/courses/18000, En la tercera ofensa el Padre / Guardián / aficionado Será expulsado de todos los eventos atléticos de la escuela durante el resto del año escolar y / o el año siguiente. Los padres que abusan verbalmente de un entrenador pueden estar sujetos a posibles cargos criminales. DIRECTRICES

PARA LA PARTICIPACIÓN DEL PADRE Y ESTUDIANTE-ATLETA

1. Todas las reuniones con los entrenadores deben ser hechas por la programación de una cita. Los entrenadores pondrán sus números de trabajo y / o direcciones de correo electrónico a disposición de los padres. Los padres se abstendrán de llamar a los entrenadores en sus casas, a menos que sea absolutamente necesario.
2. No habrá reuniones espontáneas entre padres y entrenadores en los campos deportivos, gimnasios o vestuarios.
3. Los entrenadores no discutirán la posición del jugador, el tiempo de juego, la ofensiva, la defensiva o la filosofía del juego o las decisiones con los padres.
4. El protocolo al resolver un problema entre el estudiante-atleta y el entrenador es como sigue;
    A. Primer Paso> el estudiante-atleta hará una cita y se reunirá con el entrenador,
    B. Siguiente paso> el estudiante-atleta y el padre harán una cita y se reunirán con el entrenador,
    C. Tercer Paso> el estudiante-atleta y el padre harán una cita para reunirse con el entrenador y el director atlético,
    D. Paso Final> el estudiante-atleta y el padre harán una cita para reunirse con el entrenador, el director atlético y el administrador a cargo del atletismo.
5. No habrá establecimiento de grupos de padres, sitios web, grupos de atletas, etc., sin el consentimiento por escrito del entrenador principal, el director atlético y el director de la escuela.
6. El único propósito de un grupo extrapresupuestario de reforzar a los padres es para el refuerzo positivo y apoyo de los atletas, el programa atlético, y para ayudar en la recaudación de fondos para ese programa. Este es el único propósito del apoyo de refuerzo.
7. Cualquier estudiante atleta que tome la decisión de abandonar el equipo hará una cita con el entrenador principal para notificarle su decisión, y entregará cualquier equipo de la escuela.
8. Cada entrenador dará una fecha límite para que el equipo emitido por la escuela sea entregado. Si no se entrega el equipo en esa fecha, se le aplicará una multa de $ 50.00 del departamento de atletismo. En el caso de equipos no devueltos o devueltos en condiciones inutilizables, se cobrará al alumno-atleta por el reemplazo de este equipo.
9. Cada atleta no participará en incidentes de novatadas, iniciación, hostigamiento, conducta desordenada hacia, intimidación, intimidación o discriminación contra cualquier otro estudiante, padre o entrenador del Distrito Escolar Unificado de Pajaro, o cualquiera de nuestros oponentes . El incumplimiento de esta política resultará en sanciones por la política del consejo de PVUSD

Nombre y apellido del Padre/Tutor en letra de molde Firma Fecha

Como Estudiante, entiendo y acepto todas las obligaciones que se me imponen por este Acuerdo.

Nombre y apellido del Estudiante en letra de molde	Firma	Fecha

PVUSD SPORTS PHYSICAL EXAMINATION FORM

PART 1 – TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN

Student's Last Name **First Name** **Grade**

Birth Date **Fall Sport** **Winter Sport** **Sprint Sport** **Student ID Number**

PART 1 - HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)

Yes	No	Has this student had:
1. ☐	☐	Chronic or recurrent illness?
2. ☐	☐	Illness lasting over 1 week?
3. ☐	☐	Hospitalizations or Surgeries?
4. ☐	☐	Nervous, psychiatric, or neurologic condition?
5. ☐	☐	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?
227119024. ☐	☐	Allergies (medicines, insect bites, food)?
227119640. ☐	☐	Problems with heart or blood pressure?
227119416. ☐	☐	Chest pain or significant or severe shortness of breath during or after exercise?
227118856. ☐	☐	Dizziness or fainting with exercise?
227119136. ☐	☐	Fainting, bad headaches or convulsions?
227119976. ☐	☐	Potential concussion or loss of consciousness?
227120256. ☐	☐	Heat exhaustion, heatstroke, or other problems managing or responding to heat?
227119080. ☐	☐	Racing heartbeat, skipped or irregular heartbeats, or heart murmur?
227119696. ☐	☐	Seizures or seizure disorders?
227119192. ☐	☐	Severe or repeated instances of muscle cramps

Yes	No	Has this student had:
227119248. ☐	☐	Injuries requiring medical care or treatment?
227119752. ☐	☐	Neck or back pain or injury?
227120032. ☐	☐	Knee pain or injury?
227119304. ☐	☐	Shoulder or elbow pain or injury?
227120200. ☐	☐	Ankle pain or injury?
227120312. ☐	☐	Other joint pain or injury?
227120368. ☐	☐	Broken bones (fractures)?
Yes	**No**	**Does this student presently:**
227120536. ☐	☐	Wear eyeglasses or contact lenses?
227120592. ☐	☐	Wear dental bridges, braces or plates?
266749336. ☐	☐	Take any medications? (List below):
Yes	**No**	**Further history:**
266749448. ☐	☐	Birth defects (corrected or not)?
266750680. ☐	☐	Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
266749840. ☐	☐	Parent or grandparent requiring treatment for heart condition less than 50 years of age?
266750792. ☐	☐	Been seen by a physician on an emergency or urgent basis in the last 12-months?

Date of last known tetanus (lockjaw) shot:		***Date of last complete physical examination:***	

Explain all "**YES**" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):

PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be performed by District volunteers, I understand the evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider.

Print Name of Parent or Guardian:		Signature of Parent or Guardian:			
Regular Physician's Name:		Office Phone:			
Address	Work Phone		Home Phone	Date	

PART 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER) This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

	Normal	Abnormals (Describe)	May be contained on Provider's Form
Eyes/Ears/Nose/Throat			Height: Weight:

Heart, Lungs, Pulmonary function			Pulse: After Ex:
Abdomen, genital/hernia (males)			BP:
Neurological Screening Exam			

Comments:

Print Doctor's Name: Doctor's Signature: Date

Original to be signed and held on file in the School's Athletic Office for 1-year & copies distributed to each and every sport the Athlete participates in for that year.

PVUSD FORMULARIO DE EXAMEN FÍSICO PARA DEPORTES

PARTE 1 (DEBE SER COMPLETADA POR UN PADRE O TUTOR LEGAL)

Apellido	Primer Nombre	Grado

Fecha De Nacimiento	Deporte De Otoño	Deporte De Invierno	Deporte De Primavera	Número De Identificación Del Estudiante

PARTE 1 – HISTORIAL DE SALUD (debe ser completado por el padre/tutor legal antes del examen)

	Si	No	Has this student had:
1.	☐	☐	¿Una enfermedad crónica o recurrente?
2.	☐	☐	¿Una enfermedad que duró más de 1 semana?
3.	☐	☐	¿Hospitalizaciones o cirugías?
4.	☐	☐	¿Un trastorno nervioso, psiquiátrico o neurológico?
5.	☐	☐	¿Pérdida o fallas en el funcionamiento de órganos (ojo, riñón, hígado, testículo) o glándulas?
6.	☐	☐	¿Alergias (medicamentos, picaduras de insectos, comida)?
7.	☐	☐	¿Problemas del corazón o presión arterial?
8.	☐	☐	¿Dolor en el pecho o falta de aliento grave durante o después del ejercicio?
9.	☐	☐	¿Mareos o desmayos con el ejercicio?
10.	☐	☐	¿Desmayos, dolores de cabeza intensos o convulsiones?
11.	☐	☐	¿Posible concusión o pérdida del conocimiento?
12.	☐	☐	¿Agotamiento por calor, golpe de calor u otros problemas para tolerar o responder al calor?
13.	☐	☐	¿Taquicardia, ritmo cardíaco alterado o irregular o soplo cardíaco?
14.	☐	☐	¿Ataques o trastornos que causan ataques?
15.	☐	☐	¿Incidentes graves o reiterados de espasmos musculares?
16.	☐	☐	¿Lesiones que requieran atención o tratamiento médico?
17.	☐	☐	¿Dolor o lesión en el cuello o espalda?
18.	☐	☐	¿Dolor o lesión en las rodillas?
19.	☐	☐	¿Dolor o lesión en los hombros o codos?
20.	☐	☐	¿Dolor o lesión en los tobillos?
21.	☐	☐	¿Algún otro dolor o lesión en las articulaciones?
22.	☐	☐	¿Huesos quebrados (fracturas)?
	Si	**No**	El estudiante tiene actualmente:
23.	☐	☐	¿Usa anteojos o lentes de contacto?
24.	☐	☐	¿Usa puentes dentales, freno o placas?
25.	☐	☐	¿Toma algún medicamento? (Indique a continuación):
	Si	**No**	Otros antecedentes:
26.	☐	☐	¿Defectos de nacimiento (corregidos o no)?
27.	☐	☐	¿La muerte de un padre o abuelo menor de 40 años de edad debido a una causa o trastorno médico?
28.	☐	☐	¿Un padre o abuelo que requiere tratamiento por un trastorno cardíaco menor de 50 años de edad?
29.	☐	☐	¿Ha sido atendido por un médico o con carácter de emergencia o urgencia en los últimos 12 meses?

Fecha de la última vacuna contra el tétano (antitetánica) de la que se tenga conocimiento:		Fecha en que se efectuó el último examen físico:	

Explique las respuestas por "SÍ". Describa cualquier otro hecho que debería ser dado a conocer antes del examen (use el reverso del formulario si es necesario):

AUTORIZACIÓN DEL PADRE/TUTOR: Autorizo al proveedor de atención de la salud a efectuar una Evaluación Física para Deportes del estudiante. La información provista es completa y exacta. Actualmente no conozco ninguna razón por la que el estudiante no pueda participar plenamente y con seguridad en los deportes indicados. Para las Evaluaciones Físicas para Deportes, que pueden ser efectuadas por voluntarios del Distrito, comprendo que la evaluación es sólo una evaluación general, y que debo consultar todas las inquietudes sobre la salud con el médico o proveedor de atención de la salud personal del Estudiante.

ESCRIBA EL NOMBRE DEL PADRE O TUTOR EN LETRA DE MOLDE	FIRMA DEL PADRE O TUTOR

DIRECCIÓN:	TELÉFONO DEL TRABAJO	TELÉFONO DE LA CASA	FECHA

NOMBRE DEL MÉDICO DE CABECERA	TELÉFONO DEL CONSULTORIO

PARTE 2 – EVALUACIÓN MÉDICA (DEBE SER COMPLETADA POR EL PROVEEDOR DE ATENCIÓN DELA SALUD QUE EXAMINA AL ESTUDIANTE)

La evaluación sólo puede ser efectuada por doctores en medicina (Medical Doctors [MD]), Doctores en Osteopatía (Doctors of Osteopathy [DO]), Asistentes de Médicos (Physician's Assistants [PA]) y Enfermeros Diplomados (Nurse Practitioners [NP])

	NORMAL	ANORMAL (describa)	**(Puede estar incluido en el Formulario del Proveedor)**
Ojos/oídos/nariz/garganta			Estatura: Peso:
Corazón, pulmones, función pulmonar			Pulso: Después del examen:
Abdomen, genitales/hernia (hombres)			BP:
Piel y sistema músculo-esquelético:			**Recomendación:**
a. Cuello/columna/hombros/espalda			☐ Participacion ilimitada
b. Brazos/manos/dedos			
c. Caderas/muslos/rodillas/piernas			

d. Pies/tobillos			☐ Participacion ilimitada/ deportes, eventos o actividades especificas ☐ Alta pendiente a la espera de otras pruebas/evaluacion ☐ No se autoriza participacion deportiva Uno de los anteriores DEBE estar marcado.
Examen de evaluación neurológica (Neurologic Screening Exam [NSE])/			
Evaluación para conmoción cerebral (sólo si es necesaria basada en información anterior)			
Comentarios:			
ESCRIBA EL NOMBRE DEL MÉDICO EN LETRA DE MOLDE	FIRMA DEL MÉDICO	FECHA	

El original debe permanecer archivado por un período de un (1) año después de que finalice el Año Académico

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Student Name _____ Date _____

Address _____ Phone _____

_____ Birth Date _____

Will insurance policy be in force during the current full school year? ☐ Yes ☐ No

- Maintaining said policy or policies in force shall be a parent/guardian responsibility

Note: Medical/Hospital coverage may be purchased through the school insurance program.

Emergency Information:

Insurance Company _____

Policy Number _____

Home Phone # _____ _____

Work Phone # _____

Cell Phone # _____

Emergency Contact Person _____

Emergency Phone # _____

(We), the undersigned, parents of , a minor, do hereby authorize School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(We) hereby authorize any hospital which has provided treatment to the above named pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until _____, 200___, unless sooner revoked in writing or delivered to said agent(s).

AT OUT OF TOWN GAMES:
Emergency cases as determined by the coach-in-charge or team physician will be referred to the nearest available emergency medical facility.

Date _____ Parent/Legal Guardian

_____

PVUSD Student-Athlete and Parent Handbook Form PVUSD Adopted

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

AUTORIZACIÓN DE CONSENTIMIENTO PARA TRATAR A UN MENOR

Nombre del estudiante_____ Fecha _____

Domicilio_____ Teléfono ( )_____

_____ Fecha de nacimiento _____

¿Estará la póliza en vigencia durante todo este año escolar? ☐ Si ☐ No

Mantener tal póliza o pólizas en vigencia será la responsabilidad de los padres o tutore
Seguro médico o de hospital puede ser adquirida a través del programa de seguros de la escuela

POR FAVOR MARQUE SU PLAN DE SEGUROS

Emergency Information:

Compañía de seguros _____

Número de póliza _____

Teléfono de casa # _____ _____

Telefono de trabajo # _____

Telefono movil # _____

Emergencia Contact Nombre _____

Teléfono de emergencia # _____

(Nosotros), que abajo firman, padres de _____, un menor, a través de la presente autorizamos a la Escuela _____ como agente(s) de los que abajo firman a consentir llevar a cabo cualquier examen de rayos–x, anastesia, diagnosis médico o quirúrgico o tratamiento y atención en el hospital que es considerado aconsejable y debe ser ofrecido bajo la supervisión especial o general de cualquier doctor o cirujano titulado bajo las provisiones del Acta de Práctica Médica del personal médico de cualquier hospital, si tal diagnosis o tratamiento es ofrecido en la oficina de dicho doctor o de tal hospital.

Se entiende que esta autorización es otorgada en la eventualidad de cualquier diagnóstico específico, tratamiento o cuidado médico que sea requerido para ofrecer autorización o poder en la parte de nuestro mencionado agente para dar consentimiento específico de cualquier tratamiento o de todo el tratamiento del diagnosis o cuidado médico en la cual nuestro doctor actue en base a su mejor juicio que considere pertinente. Esta autorización es dada en concordancia a la provisión de la Sección 25.8 del Código Civil de California.t may deem advisable.
(Nosotros) por la presente autorizamos a cualquier hospital que ha ofrecido tratamiento a la persona mencionada en la parte superior de acuerdo a las provisiones de la Sección 25.8 del Código Civil de Caliifornia a ofrecer custodia física de tal menor a (mi) (nuestro) agente(s) hasta el tratamiento sea completado. Esta autorización es otorgada de acuerdo a las provisiones de la Sección 1283 del Código de Salud y Seguridad de California.
Estas autorizaciones deben permanecer vigentes hasta_____, 200_____, a menos que sea revocado por escrito antes de esa fecha o enviado a tal agente

EN LOS JUEGOS FUERA DE LA CIUDAD Los casos de emergencia como son determinados por el entrenador encargado o el doctor del equipo serán referidos al centro médico disponible más cercano.

Fecha _____ Padre/Madre/Tutor legal _____

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student		**Address**			
Grade		**Telephone**			
School		**School Year**		**DOB**	

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance/marching band, but excluding PE courses for credit), 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 will not be allowed to resume any participation in the 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 graduated return-to-play protocol of no less than seven days in duration 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., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether 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 must 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 healthcare 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.

Date		Date	
Student		Parent	
Signature		Signature	

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

HOJA DE INFORMACIÓN PARA CONMOCIÓN CEREBRAL Y LESIONES EN LA CABEZA

Estudiante:	**Dirección:**	
Grado:	**Teléfono:**	
Escuela:	**Año escolar:**	**Fecha de nacimiento**:

En virtud del Código de Educación, artículo 49475, antes de que un Estudiante pueda participar o competir en pruebas o en cualquier programa deportivo extracurricular auspiciado por el Distrito, incluidos los interescolásticos, internos u otros programas deportivos o de recreación (esto incluye equipos de porristas/danza y banda de músicos), pero excluyendo cursos de educación física con crédito académico, el estudiante y el padre/tutor legal deben leer y firmar esta Hoja de Información para Conmoción Cerebral y Lesiones en la Cabeza. Una vez firmada, la Hoja es válida por un año académico (de otoño a primavera) y es aplicable a todos los programas deportivos en que pueda participar el Estudiante.

INFORMACIÓN IMPORTANTE SOBRE LA CONMOCIÓN CEREBRAL

Si se sospecha que un estudiante ha sufrido una conmoción cerebral o lesión en la cabeza durante una actividad deportiva, el Estudiante será retirado de inmediato de la actividad. No se permitirá que el Estudiante reanude su participación en la actividad hasta que haya sido evaluado por un proveedor de atención médica con licencia profesional (Doctor en Medicina (Medical Doctor [MD]) o Doctor en Osteopatía (Doctor of Osteopathy [DO]) para deportes interescolares regidos por la Federación Interescolástica de California (California Interscholastic Federation [CIF]); MD, DO, enfermero practicante o asistente de médico para todos los demás deportes/actividades deportivas), quien debe declarar afirmativamente que (1) ha sido capacitado en atención de conmoción cerebral y actúa dentro del alcance de la práctica médica en la que tiene licencia profesional; y (2) el estudiante ha sido evaluado personalmente por el proveedor de atención médica y ha recibido el alta médica total para reanudar su participación en la actividad. Por ley, no puede haber ninguna excepción a este requisito de alta médica

Cuando un estudiante haya sido retirado de una actividad, el padre/tutor debe obtener sin demora una evaluación médica por parte de un proveedor de atención médica con licencia profesional, aunque el estudiante no describa ni muestre inmediatamente síntomas de una conmoción cerebral (dolor de cabeza, presión en la cabeza, dolor en el cuello, nausea o vómito, mareos, vista borrosa, problemas de equilibrio, sensibilidad a la luz o el sonido, sensación de "lentitud", "confusión" o "malestar", dificultades de concentración o memoria, confusión, adormecimiento, irritabilidad o emotividad, ansiedad o nerviosismo, o dificultad para conciliar el sueño). Si el estudiante informa o muestra cualquiera de estos síntomas, se debe obtener atención médica inmediata. Si un padre o tutor legal no está disponible de inmediato para tomar decisiones relacionadas con la atención médica, el Distrito se reserva el derecho a hacer transportar al estudiante para una evaluación o atención médica de emergencia o urgente, de acuerdo con la autorización incluida en el Acuerdo de Participación en Equipo.

Fecha:	_____	Fecha:	_____
Estudiante:	_____	Adulto:	_____
Firma:	_____	Firma:	_____

El original debe permanecer archivado por un período de un (1) año después de que finalice el Año Académico

Mantenga su corazón en el juego

Una ficha informativa acerca del Paro Cardíaco Repentino para atletas y sus padres/tutores

¿Qué es el Paro Cardíaco Repentino?

El Paro Cardíaco Repentino (PCR) sucede cuando el corazón súbita e inesperadamente deja de latir. Cuando esto sucede, se detiene el flujo sanguíneo hacia el cerebro y otros órganos vitales. El PCR *no* es un paro cardíaco. Un paro cardíaco es causado por una obstrucción que detiene el flujo sanguíneo hacia el corazón. El PCR es una falla en el sistema eléctrico del corazón que hace que la víctima se colapse. Un defecto genético o congénito en la estructura del corazón es la causa de la falla.

¿Qué tan común es el PCR en los Estados Unidos?
Por ser la principal causa de muerte en los EE. UU. cada año suceden más de 300,000 paros cardíacos lejos de los hospitales, de los que nueve de cada diez son mortales. Miles de jóvenes son víctimas de los paros cardíacos repentinos por ser la segunda causa de muerte en menores de 25 años y la principal razón por la que mueren los atletas adolescentes durante el ejercicio.

¿Quién corre el riesgo de sufrir un paro cardíaco repentino?
Los atletas adolescentes corren más riesgo de sufrir un paro cardíaco repentino debido a que tiende a suceder durante el ejercicio o la actividad física. Aunque una enfermedad cardíaca no siempre demuestra signos de advertencia, los estudios demuestran que muchos jóvenes sí tienen síntomas pero no se lo dicen a un adulto. Esto puede ser porque les da pena, no quieren que los saquen de un partido, creen erróneamente que les falta condición física y solamente necesitan entrenar más, o simplemente ignoran los síntomas y suponen que "desaparecerán." Algunos factores de antecedentes clínicos también aumentan el riesgo de que suceda un PCR.

EL COLAPSO ES EL SÍNTOMA #1
DE LA ENFERMEDAD CARDÍACA

¿Qué debe hacer si su atleta adolescente padece alguno de estos síntomas?
Debemos informarles a los atletas adolescentes que si padecen cualquier síntoma del PCR, es de suma importancia avisarle a un adulto y consultar con un médico de cabecera lo antes posible. Si el atleta presenta cualquiera de los factores que incrementan el riesgo de que suceda un PCR, deberá consultar a un médico para ver la posibilidad de que se le hagan más pruebas. Espere la respuesta del médico antes de que su adolescente vuelva a jugar y además, avise a su entrenador y a la enfermera escolar de cualquier afección diagnosticada.

¿Qué es un DESA?

La única manera de salvar a una víctima del paro cardíaco repentino es con un desfibrilador externo semiautomático (DESA). Un DESA es un aparato portátil y fácil de utilizar que automáticamente diagnostica ritmos cardíacos potencialmente mortales y administra un impulso eléctrico para restaurar el ritmo normal. Cualquiera puede utilizar un DESA hasta sin capacitación previa. El aparato cuenta con instrucciones en audio que indican cuándo deben presionar un botón para administrar el impulso eléctrico, mientras que existe otro tipo de DESA que administra un impulso automático al detectar un ritmo cardíaco mortal. Un socorrista no puede lesionar accidentalmente a la víctima con un DESA, más bien, entrar en acción rápido ayuda. El DESA está diseñado para administrar el impulso eléctrico únicamente a las víctimas cuyos corazones necesitan restaurarse a un ritmo cardíaco saludable. Infórmese acerca de la ubicación de un DESA en su escuela.

La cadena de supervivencia cardíaca

En promedio, los equipos de servicios médicos de emergencia tardan 12 minutos en llegar en caso de emergencias cardíacas. Cada minuto que no se atiende a una víctima de PCR reduce la posibilidad de supervivencia en un 10 %. Todos debemos estar preparados para entrar en acción tras los primeros minutos después de un colapso.

Reconocimiento inmediato de un Paro Cardíaco Repentino

La víctima se ha colapsado y no responde. Está gorgoteando, resoplando, gimiendo, le falta el aliento o tiene dificultad al respirar. Se comporta como si le estuviera dando una convulsión.

Llamada inmediata al 9-1-1

Confirme pérdida de conciencia.
Llame al 9-1-1 y siga las indicaciones del operador.
Llame a quien le pueda ayudar con la emergencia médica ahí mismo.

RCP inmediata

Comience la reanimación cardiopulmonar (RCP) inmediatamente. La RCP con solo las manos se hace con comprensiones torácicas de 5 cm rápidas, como 100 por minuto.

Desfibrilación inmediata

Consiga y utilice inmediatamente un desfibrilador externo semiautomático (DESA) para restaurar el ritmo cardíaco saludable. Las unidades portátiles de DESA cuentan con indicaciones paso por paso para que cualquier persona las pueda usar en situaciones de emergencia.

Apoyo vital inmediato

El personal de los servicios médicos de emergencia comienza el apoyo vital avanzado, incluso las medidas de resucitación y traslado a un hospital.

La cadena de supervivencia cardíaca es cortesía de Parent Heart Watch

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 during exercise.

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 accidently 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.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- ☐ Fainting 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

National Federation of High Schools
(20-minute training video)
https://nfhslearn.com/courses/61032

ERIC PAREDES SAVE A LIFE FOUNDATION

Mantenga su corazón en el juego

Reconozca los factores de riesgo y los signos de advertencia del Paro Cardíaco Repentino (PCR)

Dígale al entrenador y consulte a su médico si su atleta adolescente padece estos síntomas

Posibles indicadores de que podría suceder un PCR

- ☐ Colapso o convulsiones, especialmente justo después de ejercitarse
- ☐ Colapso frecuente, o por emoción o susto
- ☐ Falta excesiva de aliento durante el ejercicio
- ☐ Taquicardia o palpitaciones, o ritmo cardíaco irregular
- ☐ Mareo o aturdimiento frecuente
- ☐ Dolor o malestar en el pecho al ejercitarse
- ☐ Fatiga excesiva e inesperada durante o después del ejercicio

Factores que incrementan el riesgo de que suceda un PCR

- ☐ Un historial clínico familiar de anormalidades cardíacas conocidas o muerte repentina antes de los 50 años
- ☐ Un historial clínico familiar específico con casos del síndrome del QT largo, síndrome Brugada, miocardiopatía hipertrófica o displasia arritmogénica del ventrículo derecho (DAVD)
- ☐ Familiares que han sufrido sin explicación, colapsos, convulsiones, un accidente automovilístico, que se han ahogado o han estado a punto de ahogarse
- ☐ La presencia de una anormalidad estructural del corazón, reparada o no reparada
- ☐ El consumo de enervantes tales como cocaína, inhalantes, drogas "recreativas," bebidas de energía en exceso, y sustancias o suplementos para mejorar el rendimiento

¿Qué hace la CIF para fomentar la protección de los atletas adolescentes?

California Interscholastic Federation (CIF) enmendó sus estatutos para poder incluir lenguaje que incluye capacitación acerca del PCR como requisito en la certificación de entrenadores deportivos. Además, esto ayuda a incluirla en el protocolo de entrenamiento y juego para que los entrenadores tengan la autoridad de sacar del juego a un atleta adolescente que se colapse, ya que éste es uno de los principales signos de advertencia de que existe una afección cardíaca. El atleta adolescente que haya sido suspendido de un juego después de mostrar signos o síntomas asociados con un PCR, no puede volver a jugar hasta que un médico certificado le haya evaluado y aprobado. Se les insta a los padres, tutores y cuidadores a que hablen con sus atletas adolescentes acerca de la salud del corazón. Igualmente, todos aquellos que están involucrados de alguna manera con deportes entre el noveno y doceavo grado, deben familiarizarse con la cadena de supervivencia cardíaca para que estén preparados en caso de una emergencia cardíaca.

He leído y entendido los síntomas y los signos de advertencia del PCR y el nuevo protocolo de la CIF para incluir medidas para prevenir que suceda un PCR dentro del programa deportivo de mi estudiante.

FIRMA DEL ATLETA ADOLESCENTE	NOMBRE DEL ATLETA ADOLESCENTE	FECHA
FIRMA DEL PADRE/ TUTOR	NOMBRE DEL PADRE/ TUTOR	FECHA

Para mayor información acerca del Paro Cardíaco Repentino, consulte

California Interscholastic Federation
http.www.cifstate.org

Eric Paredes Save A Life Foundation
http:www.epsavealife.org

National Federation of High Schools
(video de capacitación de 20 minutos)
https://nfhslearn.com/courses/61032

ERIC PAREDES SAVE A LIFE FOUNDATION

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

SOCIAL MEDIA CONTRACT FOR STUDENT-ATHLETES

Social Media Guidelines for Student Athletes:

Student-athletes of the Pajaro Valley Unified School District are held in the high regard and are seen as role models on campus and in the community. As leaders you have the responsibility to portray yourselves, your team and your school in a positive manner at all times.

Facebook, Twitter, Instagram and other social media sites have increased in popularity, and are used by a majority of student and student athletes of the PVUSD.

Student-athletes should be aware of third parties, including students, faculty, future employers, colleges and officials who may easily access your profiles and view all personal information. This includes pictures, videos, comments, and posters. You are what you post. Inappropriate material found by others can affect the perception of the student-athlete, the school athletic program and PVUSD. This can also be detrimental to a student athlete's future scholastic or employment opportunities.

Examples of inappropriate and offensive behaviors concerning participation in online communities may include depictions or presentations of the following:

- Photos, videos, comments or posters showing the use of alcohol, drugs and tobacco. (e.g. no holding cups, cans, shot glasses, bongs, pipes, vaporizer pens and other. paraphernalia).
- Photos, videos, comments that are of sexual nature. Such as links to websites containing adult content.
- Content online that is unsportsmanlike, derogatory, demeaning or threatening toward an individual, or entity, (e.g. derogatory comment toward a school, student, player, coach, faculty, administration, community member or taunting a race or gender).
- Content online that depicts or encourages violence or illegal acts (e.g. hazing, harassment, assault, gambling, fighting, vandalism, academic dishonesty, illegal drinking or drug use)
- Content online that violates the PVUSD student code of conduct.

If a student-athlete's online profile and its comments are found to be inappropriate in the accordance with the PVUSD social media guidelines for student athletes he/she will be subject to the following consequences:

1. The student athlete will be suspended from 1 contest, parent contacted, and administrative referral
2. The student athlete will be suspended from 2 contests, parent, student, coach meeting, and an administrative referral.
3. The student athlete will be removed from the team and the parent, student, coach, athletic administrator, administrator meeting.

If you are ever in doubt of the appropriateness of your online public material, consider whether it upholds and positively reflects the values and ethics of Pajaro Valley Unified School District or your high school athletic department. Remember, always present a positive image and don't do anything to embarrass yourself, your family, your team, your school and the Pajaro Valley Unified School District.

I understand the PVUSD social media guidelines for student athletes and that I must adhere to these as a student athlete throughout the school year. I affirm that failure to adhere to these guidelines will result in the consequences listed above including suspension and/or removal from a team. I also understand if I violate a social media act that is determine to be so egregious it may not be deemed necessary to follow the interventions listed above, but may result in immediate dismissal from an athletic team.

_____	_____	_____
Print Student-Athlete Name	Student-Athlete Signature	Date
_____	_____	_____
Print Parent/Guardian Name	Parent/Guardian Signature	Date

CONTRATO DE MEDIOS SOCIALES PARA ESTUDIANTES-ATLETAS

Pautas de Social Media para Atletas Estudiantes: Estudiantes atletas del Distrito Escolar Unificado de Pajaro Valley se llevan a cabo en la alta estima y son vistos como modelos en el campus y en la comunidad. Como líderes, usted tiene la responsabilidad de retratarse, su equipo y su escuela de una manera positiva en todo momento. Facebook, Twitter, Instagram y otros sitios de medios sociales han aumentado en popularidad, y son utilizados por la mayoría de estudiantes y estudiantes atletas del PVUSD.

Los estudiantes atletas deben ser conscientes de terceros, incluyendo estudiantes, profesores, futuros empleadores, colegios y funcionarios que pueden acceder fácilmente a sus perfiles y ver toda la información personal. Esto incluye fotos, videos, comentarios y carteles. Eres lo que publicas. El material inapropiado encontrado por otros puede afectar la percepción del estudiante-atleta, el programa atlético de la escuela y PVUSD. Esto también puede ser perjudicial para las futuras oportunidades escolares o de empleo de un estudiante atleta.

Ejemplos de comportamientos inapropiados y ofensivos relacionados con la participación en comunidades en línea pueden incluir representaciones o presentaciones de lo siguiente:

• Fotos, videos, comentarios o carteles que muestren el uso de alcohol, drogas y tabaco. (Por ejemplo, no hay tazas de retención, latas, gafas de tiro, bongs, tuberías, bolígrafos de vaporizador y otras parafernalia).

• Fotos, videos, comentarios de naturaleza sexual. Como enlaces a sitios web que contienen contenido para adultos.

• Contenido en línea que es antideportivo, despectivo, degradante o amenazante hacia un individuo o entidad (por ejemplo, comentario despectivo hacia una escuela, estudiante, jugador, entrenador, facultad, administración, miembro de la comunidad o burla de una raza o género).

• Contenido en línea que representa o fomenta la violencia o actos ilegales (por ejemplo, hostigamiento, acoso, juegos de azar, luchas, vandalismo, deshonestidad académica, consumo ilegal de drogas o drogas)

• Contenido en línea que viola el código de conducta del estudiante de PVUSD.

Si el perfil en línea de un alumno-atleta y sus comentarios resultan inapropiados de acuerdo con las directrices de los medios sociales de PVUSD para atletas estudiantiles, él / ella estará sujeto a las siguientes consecuencias:

1. El atleta estudiante será suspendido de 1 concurso, el padre contactado y la referencia administrativa

2. El estudiante atleta será suspendido de 2 concursos, padres, estudiante, reunión de entrenador, y una referencia administrativa.

3. El estudiante atleta será removido del equipo y el padre, estudiante, entrenador, administrador atlético, reunión del administrador. Si alguna vez tiene dudas acerca de la idoneidad de su material público en línea, considere si sostiene y refleja positivamente los valores y la ética del Distrito Escolar Unificado de Pajaro Valley o de su departamento de atletismo de la escuela secundaria. Recuerde, siempre presente una imagen positiva y no haga nada para avergonzarse, su familia, su equipo, su escuela y el Distrito Escolar Unificado Pajaro Valley. Entiendo las pautas de los medios sociales de PVUSD para los atletas de estudiante y que debo adherir a éstos como un atleta del estudiante durante todo el año escolar. Afirmo que el incumplimiento de estas directrices resultará en las consecuencias mencionadas anteriormente, incluyendo la suspensión y / o la remoción de un equipo. También entiendo que si violo un acto de medios de comunicación social que es determinante para ser tan

flagrante que no se considere necesario seguir las intervenciones enumeradas anteriormente, pero puede dar lugar a despido inmediato de un equipo atlético.

_____ _____ _____ _____

Imprimir Nombre del Estudiante-Atleta Fecha Firma del Estudiante-Atleta Fecha

_____ _____ _____ _____

Firma Nombre del padre/tutor Fecha Firma Nombre del padre / tutor Fecha

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

STUDENT PERSONAL AUTOMOBILE USE FORM

Students participating in off-campus District-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences ("Events"), are required to travel on school buses or by other District-designated methods of transportation. At the District's sole discretion, after a separate Student Alternate Transportation Form has been properly executed, Students may transport themselves to and from designated activities. Before District authority is granted to the Student to drive to and from District-sponsored events, this Form and its required information must be completed and accepted by the School Office. The District's permission for the Student to drive to and/or from District-sponsored activities may be revoked or limited at any time, for any reason.

REQUIRED INFORMATION

Name of Student Driver:	
Calif. Driver's License No. & Exp. Date	
Any License Restrictions:	
Vehicle(s) to be Driven - Year/Make/Model:	
Vehicle(s) License Plate No(s).:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

****PVUSD requires Liability Coverage Limits of: Bodily Injury; $100,000 per claim/$300,000 aggregate & Property Damage of $100,000.****

With this Form, you must also provide a photocopy of (a) the Student's Driver's license, and (b) the Insurance Policy Declarations Page showing that coverage exists for the Student and the vehicle to be driven. Should the Student's Driver's License or the Insurance Policy expire during the school year, updated photocopies showing renewal are required before the Student will again be eligible to transport himself/herself to District-sponsored activities.

Neither the Student nor the Student's vehicle is covered under the District's automobile liability coverage. By signing this Form, you agree that the Student and his/her parent(s)/legal guardian(s) are solely responsible for any resulting damage or injury to others. You also agree that the Student and his/her parent(s)/legal guardian(s) assume the risk of harm, injury or death to the Student or others, and that by voluntarily allowing the Student to operate his/her own vehicle, the Student and his/her parent(s)/legal guardian(s) will hold the District and its officers and employees free from all liability.

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I/The Student will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I/the Student will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I/The Student will not operate an automobile that I/The Student believe, for any reason, is mechanically unsafe or that may become unsafe due to weather or other natural conditions. The automobile will have working seatbelts, which I/the Student will use at all times. The Vehicle(s) may be inspected by District representatives.
3. I/The Student will be the sole driver of the Vehicle. I will not let anyone else, ride in or occupy the Vehicle while traveling to or from any District-sponsored activity, or while I/the Student attend a District-sponsored activity.

By signing below, you are authorizing the District, at its discretion, to (a) obtain a copy of the Student's Driver Record History and confirm the status of the Student's Driver's License, (b) conduct a criminal background check, and/or (c) contact the listed insurance company to confirm the existence of insurance coverage for the Student and the vehicle.

Printed Student Name	**Signature**	**Date**

Printed Parent/Guardian Name	**Signature**	**Date**

Date Received by District _____ Received By

_____

THIS FORM TO BE HELD ON FILE IN THE MAIN OFFICE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE CURRENT SCHOOL YEAR

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

FORMULARIO PARA USO DE AUTOMÓVIL PERSONAL DEL ESTUDIANTE

Los Estudiantes que participan en actividades fuera de la escuela organizadas por el Distrito, las que incluyen, entre otras, prácticas, partidos, reuniones, competencias y conferencias (los "Eventos"), deben viajar en autobuses escolares o en otros medios de transporte designados por el Distrito. A criterio exclusivo del Distrito, luego de que se firme debidamente un Formulario de Transporte Alternativo del Estudiante, los Estudiantes pueden transportarse solos ida y vuelta a actividades designadas. Antes de que el Distrito autorice al Estudiante a conducir en viajes de ida y vuelta de eventos auspiciados por el Distrito, este formulario y la información que se requiere deben ser completados y aceptados por la Oficina de la Escuela. La autorización del Distrito para que el Estudiante maneje ida y vuelta a eventos auspiciados por el Distrito puede ser revocada o limitada en cualquier momento y por cualquier razón.

INFORMACIÓN QUE SE REQUIERE

Nombre del Estudiante Conductor:	
No. y fecha de vencimiento de la Licencia de Conductor de California:	
Restricciones a la licencia:	
Vehículo/s que conducirá – año/marca/modelo:	
Nos. de placa del/los vehículo/s:	
Compañía de seguros:	
Número de póliza y fecha de vencimiento:	
Límites de cobertura de responsabilidad civil:	

PVUSD requiere Límites de cobertura de responsabilidad civil de: Lesiones corporales; $100,000 por reclamo/$300,000 responsabilidad total y Daños materiales de $100,000.

Junto con este Formulario, debe proporcionar también una fotocopia de (a) la licencia de Conductor del Estudiante, y (b) la página de Declaraciones de la póliza que muestra que existe cobertura para el Estudiante y el vehículo que conducirá. Si la Licencia de Conductor del Estudiante o la Póliza de Seguro vencieran durante el año escolar, se deben presentar fotocopias actualizadas antes de que se autorice nuevamente al Estudiante a transportarse a actividades auspiciadas por el Distrito.

Ni el Estudiante ni el vehículo del Estudiante están cubiertos por la cobertura de responsabilidad civil para automóviles del Distrito. Al firmar este Formulario, usted acepta que el Estudiante y su/s padre/s/tutor/es legal/es son exclusivamente responsables de todo daño o lesión a terceros resultante. También está de acuerdo en que el Estudiante y sus/s padre//tutor/es legal/es asumen el riesgo de daño, lesión o muerte del Estudiante o terceros, y que al permitir voluntariamente que el Estudiante conduzca su propio vehículo, el Estudiante y su/s padre/s/tutor/es legal/es eximirán al Distrito y sus funcionarios y empleados de toda responsabilidad.

Por la seguridad de los Estudiantes, al firmar al pie, usted también está de acuerdo con las siguientes reglas y requisites:

1. Yo/El Estudiante no conduciré/a el automóvil estando impedido, sea debido a alcohol, drogas (recetadas o de venta libre), falta de sueño o distracción de cualquier tipo. Yo/El Estudiante cumplirá/é en todo momento con las leyes de California relacionadas con la operación correcta del Vehículo, inclusive el cumplimiento de todos los límites de velocidad y letreros y anuncios exhibidos.
2. Yo/El Estudiante no conduciré/a el automóvil si considero/a, por cualquier razón, que éste no es seguro mecánicamente o que puede no ser seguro debido al clima u otras condiciones naturales. El automóvil tendrá cinturones de seguridad en funcionamiento, que yo/el Estudiante los usaré/usaremos en todo momento. El/Los vehículo/s puede/n ser inspeccionado/s por representantes del Distrito.
3. Yo/El Estudiante seré/seremos el único conductor del Vehículo. No permitiré que ninguna otra persona viaje en u ocupe el Vehículo durante los viajes de ida y vuelta de ninguna actividad auspiciada por el Distrito, ni mientras yo/el Estudiante asisto/e a una actividad auspiciada por el Distrito.

Al firmar al pie, autorizo al Distrito, a su criterio, a (a) que obtenga una copia del Historial de Conductor del Estudiante y confirme el estado de la Licencia de Conductor del Estudiante, (b) efectúe una revisión de antecedentes penales y/o (c) se comunique con la compañía de seguros para confirmar la existencia de cobertura de seguro para el Estudiante y el vehículo.

Nombre y apellido del Estudiante en letra de molde	**Firma**	**Fecha**
Nombre y apellido del Padre/Tutor en letra de molde	**Firma**	**Fecha**

Fecha en que fue recibido por el Distrito: _____ **Recibido por:** _____

ESTE FORMULARIO DEBE PERMANECER ARCHIVADO EN LA OFICINA PRINCIPAL POR UN (1) AÑO A PARTIR DE LA FECHA DEL AÑO ACADÉMICO ACTUAL

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

VOLUNTEER PERSONAL AUTOMOBILE USE FORM

[One Form Required for Each Driver to be Approved]

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

REQUIRED INFORMATION

Name of Student Driver:	
Calif. Driver's License No. & Exp. Date	
Any License Restrictions:	
Vehicle(s) to be Driven - Year/Make/Model:	
Vehicle(s) License Plate No(s).:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

****PVUSD requires Liability Coverage Limits of: Bodily Injury; $100,000 per claim/$300,000 aggregate & Property Damage of $100,000.****

We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page. Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. **Also, please also be advised**, that pursuant to Insurance Code Section 11580.9(d) and Vehicle Code Section 17150, in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 25, following PVUSD Admin Reg 3541.1, and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the Vehicle to a specific activity, event, or competition if the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

Printed Name	**Signature**	**Date**

Date Received by District _____ Received By

_____

THIS FORM TO BE HELD ON FILE IN THE MAIN OFFICE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE CURRENT SCHOOL YEAR

PVUSD Student-Athlete and Parent Handbook Form PVUSD Adopted

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

FORMULARIO PARA USO DE AUTOMÓVIL PERSONAL

[Se requiere un formulario para cada Conductor que sea aprobado]

Gracias por ofrecer su tiempo y automóvil para ayudar a transportar a nuestros Estudiantes a eventos y actividades fuera de la escuela. Con el fin de proteger la salud y seguridad de nuestros Estudiantes, nuestro Distrito requiere que toda persona (empleada o voluntario) que utilice un automóvil personal para transportar a Estudiantes ida y vuelta a actividades organizadas reciba aprobación previa. Antes de que podamos emitir dicha aprobación, debemos obtener cierta información como mínimo quince (15) días antes de que usted transporte a nuestros Estudiantes. Además, usted debe comprometerse a cumplir con ciertas reglas relacionadas con la operación del vehículo, que figuran a continuación.

INFORMACIÓN QUE SE REQUIERE

Nombre del Conductor:	
No. y fecha de vencimiento de la Licencia de Conductor de California:	
Año/marca/modelo del/los Vehículo/s:	
Nos. de placa del/los vehículo/s:	
Compañía de seguros:	
Número de póliza y fecha de vencimiento:	
Límites de cobertura de responsabilidad civil:	

PVUSD requiere Límites de cobertura de responsabilidad civil de: Lesiones corporales; $100,000 por reclamo/$300,000 responsabilidad total y Daños materiales de $100,000.

También solicitamos una fotocopia de (a) su Licencia de Conductor, y (b) la página de Declaraciones de su Póliza de Seguro. Si la Licencia de Conductor o la Póliza de Seguro vencieran durante el año escolar, se deben presentar fotocopias actualizadas antes de que se lo autorice nuevamente a transportar a Estudiantes. Al firmar al pie, también autoriza al Distrito a que (a) obtenga una copia de su Historial de Conductor y confirme el estado de su Licencia de Conductor, (b) efectúe una revisión de antecedentes penales y (c) se comunique con la compañía de seguros para confirmar el estado de su seguro. Además, **se le informa también** que, conforme al Código de Seguros, artículo 11580.9 (d) y del Código Vehicular, artículo 17150, en caso de un accidente, **su compañía proporcionará la cobertura primaria por cualquier lesión corporal o daños a la propiedad resultantes.** La cobertura de responsabilidad civil para automóviles del Distrito se aplicará, si corresponde, sólo después de que se agote la cobertura de su seguro a través del pago de reclamos pagados. El Distrito no cubre, y el Distrito no es responsable de proporcionar cobertura integral, para conductores no asegurados ni para colisión de su vehículo.

PROCEDIMIENTOS Y REQUISITOS PARA EL TRANSPORTE Y SEGURIDAD DE SU VEHÍCULO

Por la seguridad de los Estudiantes, al firmar al pie, usted también está de acuerdo con las siguientes reglas y requisitos:

1. No conduciré un automóvil estando impedido, sea debido a alcohol, drogas (recetadas o de venta libre), falta de sueño o distracción de cualquier tipo. Cumpliré en todo momento con las leyes de California relacionadas con la operación correcta del Vehículo, inclusive el cumplimiento de todos los límites de velocidad y letreros y anuncios exhibidos.
2. No trasportaré a Estudiantes en un Vehículo si tengo razones para pensar que éste puede no ser seguro mecánicamente o que puede no ser seguro debido al clima u otras condiciones naturales. No transportaré a Estudiantes a menos que cuente con un cinturón de seguridad que funcione para cada Estudiante, y los cinturones de seguridad serán usados en todo momento por mí y por todos los Estudiantes transportados. El/Los vehículo/s puede/n ser inspeccionado/s por representantes del Distrito.
3. Estoy sobre la edad de 25 años, por Regulation de la administracion de PVUSD 3541.1, y voy a ser el único conductor del vehículo para cualquier actividad, evento o competencia. No permitiré que ninguna otra persona, excepto yo mismo y los Estudiantes autorizados, viaje en el Vehículo. Sin embargo, podré solicitar autorización escrita del Distrito para que permita que otro de mis hijos viaje en el Vehículo a una actividad, evento o competencia específica si el destino se relaciona con una actividad, evento o competencia que en general está disponible para el público o, con gastos a mi cargo y con autorización del Distrito, puedo comprar la entrada de mi otro hijo.

Nombre en letra de molde	**Firma**	**Fecha**

Fecha en que fue recibido por el Distrito: _____ **Recibido por:** _____

ESTE FORMULARIO DEBE PERMANECER ARCHIVADO EN LA OFICINA PRINCIPAL POR UN (1) AÑO A PARTIR DE LA FECHA DEL AÑO ACADÉMICO ACTUAL