



## SONOMA VALLEY HIGH SCHOOL ATHLETICS

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# SPORT PACKET

This packet contains the following:

- Title Sheet (all info completed)
- Conditions of Participation
  - ➔ Signed by Parent & Student
- Insurance & Injury Advisory Notice
  - ➔ Signed by Parent & Student
- Waiver Athletic Participation Form
  - ➔ Insurance Information *and* Policy #
  - ➔ Signed by Parent
  - ➔ Physical Exam Certification signed by doctor
- Concussion Information Sheet
  - ➔ Signed by Parent & Student
- Scholastic Eligibility/Dates of Determination
  - ➔ Signed by Parent & Student
- Sport Emergency Card
  - ➔ Parent signature required in Medical release box
  - ➔ Be sure to include 2 or more emergency contacts

All items listed above must be completed to receive athletic clearance. Completed packets are to be turned in to the Student Activities Office. Please allow 2-3 school days for clearance. This may take longer at the beginning of the school year. Please plan accordingly

We ask for a contribution of \$125 per sport for our SVHS Sport Fund. This fund pays for officials, league dues, facilities and transportation. You may contribute all at once or by installments. Please attach contributions to the sport packet. Checks made out to SVHS Sports Fund or you may pay online on the Sonoma Valley High Website ([sonomavalleyhigh.org](http://sonomavalleyhigh.org)) by clicking on "SVHS Store".

Tear off this cover sheet and keep for your records.

**GO DRAGONS!!!**

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ GRADE \_\_\_\_\_  
*Please Print*

**SPORTS FUND:** \$ 125.00 contribution for each sport played

Please check the sports your student may be participating throughout the school year  
 (Only 1 sport per season)

Fall Sports	Winter Sports	Spring Sports
Cheer - Sideline	Basketball – Boys F/JV/V	Baseball – F/JV/V
Cross Country – B/G	Basketball – Girls F/JV/V	Cheer - Competitive
Football – F/JV/V	Cheer - Basketball	Golf – Boys
Golf – Girls	Soccer – Boys JV/V	Softball – JV/V
Tennis – Girls	Soccer – Girls JV/V	Swimming – B/G
Volleyball – F/JV/V	Wrestling	Tennis – Boys
Water polo – B/G		Track – B/G

**FILL OUT THE FOLLOWING INFORMATION ABOUT YOUR STUDENT FOR ELIGIBILITY PURPOSES**

- Birth date of student \_\_\_\_\_ (mm/dd/yr) Male \_\_\_\_ Female \_\_\_\_
- Are you a foreign exchange student? YES or NO
- Did you transfer to SVHS from another high school? YES or NO
- If yes, what school did you previously attend? \_\_\_\_\_

→ *Transfer students must see Athletic Director for additional forms needed*

**FILL OUT THE FOLLOWING PARENT/GUARDIAN INFORMATION**

- Parent/Guardian Name (Last, First): \_\_\_\_\_
- Parent/Guardian Phone: \_\_\_\_\_
- Parent/Guardian Email: \_\_\_\_\_

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**\*FOR OFFICE USE ONLY\***

- Student Cleared for Athletics
- Student NOT cleared for Athletics

Reason \_\_\_\_\_

- Sport Fund Contribution made

Packet cleared by:

## CONDITIONS OF PARTICIPATION FOR STUDENT-ATHLETES

Interscholastic athletics is a voluntary program. Students are not obligated to participate and participation is not a requirement for graduation. A student is not required to have athletic grades for college entrance; thus, competition in high school is a privilege and not a right. Therefore, it is the responsibility of the athlete to conform to standards established by the school's athletic teams.

Appearance: The student-athlete should dress appropriately and the mode of dress must not provide any hazard to his/her safety or performance.

Controlled Substance Use/Abuse: Alcohol, tobacco, narcotics and any other banned substances are detrimental to the athlete and any violation will be dealt with in accordance with Sonoma Valley High School's School-Wide Behavior Expectations.

- For a violation of Sonoma Valley High School's School-Wide Behavior Expectations during a school sponsored event or activity an athlete may be suspended up to eighteen weeks from all school activities including interscholastic sports.
- For a violation of Sonoma Valley High School's School-Wide Behavior Expectations which occurs outside a school sponsored event or activity a student-athlete may be suspended up to ten practice days from interscholastic sports. (Example: police citation for drinking on the weekend)
- A second offense outside of school in the same season and the athlete will be suspended from the team for the remainder of the season and 30 practice days from the date of the suspension. This may affect the next season of sport. The suspension is applied to the current school year and does not carry over to the next year.
- The coach has the option to suspend an athlete for the entire season for a major violation, which is consistent with our School-Wide Behavior Expectations.

Androgenic/Anabolic Steroids Use/Abuse: Both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall NOT use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524). We also recognize that under CIF Bylaw 200D, there could be penalties for false or fraudulent information. We also understand that the Sonoma Valley High School's School-Wide Behavior Expectations policy regarding the use of controlled substances will be enforced.

Conduct Unbecoming: Any action or behavior that brings embarrassment to an athlete, his/her team or this school may be subject to the above consequences as outlined for first and second offenses of controlled substances. Such actions include but are not limited to theft, vandalism, assault, and any other violations of School-Wide Behavior Expectations.

NCS Ejection Policy: Any students-athlete who is ejected for unsportsmanlike conduct including fighting during an interscholastic contest will also be ineligible to compete in the next contest and may not dress for the game but may practice. A second such ejection and the student-athlete is suspended for the remainder of the season. The student-athlete has the right to an appeal such suspension to the league commissioner.

By signing below, both participating student and parents, legal guardian/caregiver have read and understand the consequences of the "conditions of participation for student-athletes".

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Student-Athlete Signature

Date

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Parent/Guardian/Caregiver Signature

Date

## INSURANCE ADVISORY NOTICE & INJURY ADVISORY NOTICE

Dear Parent or Legal Guardian:

By its very nature competitive athletics can put students in situations where SERIOUS and perhaps FATAL ACCIDENTS may occur. Many forms of athletic competition result in high-risk physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and other exposures to risk of injury. Both parents and students must assess the risks involved in such participation and make their choice whether or not to participate. No amount of instruction, precaution or careful supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making a choice to participate cannot be over-stated. There have been accidents resulting in very serious permanent impairment as a result of athletic competition.

Students who elect to participate will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment worn or used in practice and competition. Students MUST refrain from improper uses and techniques. As previously stated, no amount of instruction, precaution, or careful supervision will totally eliminate all risk of serious or even fatal injury. If any of the foregoing is not completely understood, please contact your school principal for further information.

### SERIOUS AND PERHAPS FATAL INJURY CAN RESULT FROM ATHLETIC PARTICIPATION

By granting permission for your student to participate in athletic competition, you, the parents and legal guardian, acknowledge that such risk exists. By choosing to participate, you, the student, acknowledge that such risk exists.

If you elect for them to participate, then you must also agree to provide the required health and accident insurance.

School Districts DO NOT provide insurance on behalf of students. The school district maintains a liability policy of coverage, on behalf of the school district, in the event the school district is found negligent or contributed to the negligent injury or death of a student. Separately, the parent and/or legal guardian should provide health and accident insurance. Some parents provide this coverage as an extension of their employee benefit plan. Others purchase a short-term group plan through the school (California Interscholastic Federation) to provide coverage during only the school term or duration of a special event such as football season.

Regardless of the method you choose: health and accident insurance for students is a necessity if they are to participate in school athletics.

Please read the enclosed materials, complete the attached forms and return them to the Student Activities Office before participation in school athletics.

Thank you,  
Sonoma Valley Unified School District

This will acknowledge that we have read and understand the materials contained above.

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Student's Signature

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Date

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Parent's Signature

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Date

**WAIVER FORM**

In consideration of the Sonoma Valley Unified School District permitting our child (*student first & last name*) \_\_\_\_\_ to participate in any and all interscholastic sports, we hereby waive any claim we may have against the District and its officers and employees for any injury or loss incurred by our child as a result of his or her participation in competition associated with the sport including practice or training sessions of the sport. In addition, we hereby agree to pay, defend, indemnify, and hold harmless the District and its officers and employees from and against any claim or liability, including claims that may arise because of injuries or loss incurred by our child, in any way relating to our child's participation in the sport, including practice or training sessions.

Nothing in this form shall be construed as applying to or releasing the District from any liability for injuries that may be caused by the district's gross negligence or willful acts or omissions.

**ATHLETIC PARTICIPATION PERMISSION FORM**

(*Student first & last name*) \_\_\_\_\_ has my/our permission to participate in any and all interscholastic sports at Sonoma Valley High School.

**The following requirements must be satisfied before a student may participate in any interscholastic team:**

1. Proof of Health and Accident Insurance (Private or C.I.F.)
2. Physical Exam Certification signed by physician and dated prior to participation in the sport

**1. Insurance - Check one below**

- Private/Family Insurance (This certifies that the above-named student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year.)

**NAME OF INSURANCE CARRIER:** \_\_\_\_\_

**POLICY OR GROUP # (Required):** \_\_\_\_\_

- CIF Insurance (This certifies that the above-named student is covered by the CIF plan selected below during the coming school year). *CIF insurance information available in the school office.*

\_\_\_ CIF Football Plan (covers tackle football only)

\_\_\_ CIF Full Time Plan (covers sports other than football)

\_\_\_ CIF School Time Plan (covers sports other than football)

I hereby certify that I have read and understand the Waiver form and Athletic Participation Notice and the other information contained in the Parents Information Packet. I also certify that the health and accident insurance policy on behalf of our son/daughter is/will be continued in force for the entire period he/she is participating in school athletics.



\_\_\_\_\_  
*Parent or Legal Guardian Signature*

\_\_\_\_\_  
*Date*

**2. Physical Exam Certification (Valid for only 1 year)**

**Student Name (First & Last):** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

This certifies that the above-named student is physically able to participate in all interscholastic athletics during the coming school year – with limitations (if any) listed below:

**Physician: List any Limitations** \_\_\_\_\_

**Physician Name (please print)** \_\_\_\_\_

**Approved for Athletics (Physician signature)** \_\_\_\_\_, M.D.    Date: \_\_\_\_\_

**\*Or attach copy of physical exam clearing student for athletics with physician's signature, name & date\***

## Sonoma Valley Unified School District

### Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

<ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>
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**Signs observed by teammates, parents And coaches include:**

<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>
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## Sonoma Valley Unified School District

### Concussion Information Sheet - Continued

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

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

#### **If you think your child has suffered a concussion**

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

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

**and**

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

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

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

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

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Student-athlete Name Printed

Student-athlete Signature

Date

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Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport Document created 5/20/2010; Reference CIFstate.org for more information

**SVHS Athletics**  
**Scholastic Eligibility / Dates of Determination**

As a member of the California Interscholastic Federation and North Coast Section, SVHS Athletics adheres to the following mandated scholastic eligibility requirements:

- All student athletes must maintain a 2.00 G.P.A. on a 4.00 G.P.A scale per each six-week grading period to be eligible to participate on a SVHS athletic team. Extra grade points granted in some Honors and all AP classes will not be calculated into a student athlete's G.P.A.
- Student eligibility is determined by official six-week grading period report cards, not by weekly progress reports or Powerschool grade book reports.
- All student athletes must pass 20 credits (4 classes) per grading period.
- Student athletes who do not meet the 2.00 G.P.A requirement and/or the 20 credit passed requirement at the end of each grading period will become immediately ineligible to participate in scrimmages and contests.
- Student athletes receiving an "I" or Incomplete on their report card will have two weeks to make up the work needed to change the "I" to a letter grade. After two weeks the "I" Incomplete grade will turn into an "F" on their report card and their G.P.A will be recalculated with the new grade.
- Student athletes who become academically ineligible may be allowed to participate in practice with their respective team, however, this is an administrative decision. They may not dress for athletic events.
- All student athletes will become eligible and ineligible on the Date of Determination, which will be approximately 10 days after the end date of each grading period.
- The Dates of Determination are submitted to the North Bay League and North Coast Section office at the beginning of the school year and cannot be changed.
- Student athletes will not be granted athletic eligibility prior to the Dates of Determination.

**I have read and understand all rules and guidelines for Athletic Academic Eligibility at Sonoma Valley High School. Please sign and date.**

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



**S.V.U.S.D. SPORTS EMERGENCY INFORMATION CARD/ S.V.U.S.D. Tarjeta de Emergencia**  
PLEASE PRINT OR TYPE / POR FAVOR, ESCRIBA EN LETRAS DE MOLDE

Grade/Grado \_\_\_\_\_

Student Name/Nombre del estudiante \_\_\_\_\_  
Last/Apellido \_\_\_\_\_ First/Nombre \_\_\_\_\_ Middle/Segundo \_\_\_\_\_ Home. Tel./Tel. de casa \_\_\_\_\_

Child Lives With/El Niño vive con: \_\_\_\_\_ Child Lives With/El Niño vive con: \_\_\_\_\_ Birthdate/Fecha de Nacimiento \_\_\_\_\_

Name/Nombre \_\_\_\_\_ Relationship/Parentesco \_\_\_\_\_ Name/Nombre \_\_\_\_\_ Relationship/Parentesco \_\_\_\_\_

Home Address/Dirección \_\_\_\_\_ Sex/ Sexo M F  
Street/Dirección \_\_\_\_\_ (Circle One/Circule uno)

Mailing Address (if different)/Dirección del Correo (si sea diferente) \_\_\_\_\_  
Street/Dirección \_\_\_\_\_ City/Ciudad \_\_\_\_\_ Zip Code/Código Postal \_\_\_\_\_

**Medical Alert/Alerta Médica:** Health Problems/Problemas de Salud \_\_\_\_\_  
Allergies/Alergias \_\_\_\_\_  
Medications taken regularly/Las medicinas tomadas regularmente \_\_\_\_\_

Allergy to bee stings/Alergia a picado de abejas  Asthma/Asma  Diabetes/Diabetes  Heart Condition/Condición cardíaca  
 Epilepsy/Epilepsia  Other/Otras \_\_\_\_\_

**In the event of a life threatening allergic reaction, I authorize trained school personnel to give emergency treatment (adrenalin via epi-pen) to my child. / en caso de una reacción alérgica que amenaza la vida, autorizo al personal de la escuela entrenados a dar tratamiento de emergencia (adrenalina por medio de epi-pen) a mi hijo/hija.**  
SVUSD submits claims to Medi-Cal for basic health screenings and services given to all students. Revenues received help to provide additional health services for all district students. Parents will not be asked to pay for any school health services. I consent for billing to Medi-Cal / Insurance carriers for school health services provided for my child and for exchange of billing information with the school district's billing Services Company. / El Distrito escolar de Sonoma somete peticiones a MEDI-CAL para revisiones basicas de salud dadas a todos los estudiantes. Los ingresos recibidos ayudan a proveer servicios de salud adicionales para los estudiantes de todo el distrito. No le les pedira a los padres que paguen por ninguno de los servicios de salud escolares. Estoy Stoy de Acuerdo que se envíen a las agencias de MEDI-CAL/ ASEGURANZAS medicas por servicios de salud escolares para mi hijo/a y por intercambiar informacion relacionada con recibos de pago con las companias de servicios del distrito escolar.

Signature of Parent or Guardian - La Firma del Padre/ de la Madre o Guardián \_\_\_\_\_ Date/Fecha \_\_\_\_\_

In case of emergency, illness, or accident to the child named above, the school is authorized to release my child as indicated below. Number each item # 1,2,3,4,5 in order of desired action. **PLEASE COMPLETE ALL INFORMATION.** / En caso de emergencia, enfermedad o accidente del niño nombrado, la escuela está autorizada a dejar salir el niño en la manera notada abajo. Ponga los números 1,2,3,4,5, para indicar en que orden. **COMPLETE TODA LA INFORMACIÓN**

# \_\_\_\_\_ CONTACT MOTHER/ Llame a la madre Name/Nombre \_\_\_\_\_  
Workplace/Lugar de trabajo \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

# \_\_\_\_\_ CONTACT FATHER/ Llame al padre Name/Nombre \_\_\_\_\_  
Workplace/Lugar de trabajo \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

# \_\_\_\_\_ FRIEND - Amigo Name/Nombre \_\_\_\_\_  
Address/Dirección \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

# \_\_\_\_\_ FRIEND/RELATIVE/MENTOR- Amigo/Pariente/Mentor Name/Nombre \_\_\_\_\_  
Address/Dirección \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

# \_\_\_\_\_ FAMILY PHYSICIAN/ Médico Familiar Name/Nombre \_\_\_\_\_  
Address/Dirección \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

Special Instructions / Instrucciones Especiales: \_\_\_\_\_

**(If applicable)** My child **MAY NOT BE RELEASED** to the following individual(s) [if parent of child, **restraining order must be on file in school office**] / **(Si es aplicable)** Mi niño **NO DEBE SALIR** con las siguientes personas) [Si es un padre/madre, **una orden de restricción debe estar en el archivo de la oficina**]:

1. \_\_\_\_\_ 2. \_\_\_\_\_ I certify that all information given is accurate and true./  
Certifico que todo la información dado es correcto.

Signature of Parent or Guardian - La Firma del Padre/ de la Madre o Guardián \_\_\_\_\_ Student Signature/Firma del estudiante \_\_\_\_\_ Date/Fecha \_\_\_\_\_