

CLEARANCE PROCEDURES

WARNING: YOU MAY NOT PRACTICE OR COMPETE UNTIL YOU RECEIVE A CLEARANCE SLIP AND EMERGENCY CARD FROM THE ATHLETIC OFFICE, ROOM F-1, AND GIVE THEM TO YOUR COACH OR SPONSOR.

FOLLOW THESE STEPS:

1. A NINE page **CLEARANCE PACKET** is attached to these directions. Additional packets are available from your coach/sponsor or in the Athletic Office, Room F-1.
2. **Signatures** and information are required on pages 1, 2, 4, 6, 7, 9 and on both **EMERGENCY FORMS**, card stock and 3-part.
3. **A doctor must complete the PHYSICAL FORM (page 9), sign and affix his/her stamp.** Everything else can be read and completed by the student and parent or guardian at home. Debate Team members are not required to have a physical exam.
4. Students participating in Band, Debate, Drill Team, Pep Squad and all sports, other than Surf, are asked to contribute a donation to help cover **TRANSPORTATION** costs incurred by South High (page 7). Please make check payable to **T.U.S.D.**
5. Return your completed packet to the Athletic Office, Room F-1, beginning Thursday, August 14, 2008, at your scheduled registration date and time, or during the week before school begins.

SPECIAL DIRECTIONS for FALL SPORTS ONLY: You must be cleared before your first day of Fall Practice, Monday August 25, 2008. Take these completed forms to the Athletic Office, Room F-1, Thursday thru Friday, August 14 and 15 or Monday, August 18, 2008, from 9:00 a.m. to 12 noon only and August 19 – August 22 from 8:00 a.m. to 2:00 p.m.

6. If you are unable to return your completed CLEARANCE PACKET before school begins in the Fall, take it to the Athletics Office the first day of school, before school, lunch and/or after school. DO NOT return the CLEARANCE PACKET to your coach.
7. When you return the completed CLEARANCE PACKET, you will receive a CLEARANCE SLIP and a copy of your EMERGENCY CARD to take to your coach or sponsor. Give your coach or sponsor your CLEARANCE SLIP and EMERGENCY CARD and you will be cleared for practices and competitions.

ATHLETICS/BAND/ADV. DANCE/DEBATE/DRILL TEAM/PEP

PART 1 – STUDENT INFORMATION

Please **PRINT** this information carefully.

LAST NAME	FIRST NAME	BIRTHDATE	GRADE THIS YEAR
STREET ADDRESS		CITY	ZIP CODE
TELEPHONE NUMBER			

PART 2 – PARENT/GUARDIAN INFORMATION (Optional)

We are building a database of parent/guardian occupations and interests as a source of advice and assistance in maintaining the high school's Athletic, Band, Advanced Dance, Debate, Drill Team and Pep programs.

FATHER'S NAME	EMPLOYER	OCCUPATION	WORK PHONE
MOTHER'S NAME	EMPLOYER	OCCUPATION	WORK PHONE

PLEASE LIST ANY OTHER SKILLS /AVOCATIONS /SPARE TIME THAT WOULD BE POTENTIAL ASSISTANCE TO THESE PROGRAMS

PART 3 – PHYSICAL EXAMINATION

An annual physical examination or statement by a medical practitioner certifying that the student is physically fit to participate is required before a student may participate in Athletics, Band, Adv. Dance, Drill Team or Pep Squad.

DATE OF PHYSICAL EXAM	NAME OF DOCTOR OR MEDICAL PRACTITIONER	LOCATION OF PHYSICAL EXAM
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PART 4 – INSURANCE

Students taking part in the school Athletic, Band, Adv. Dance, Debate, Drill Team or Pep programs **MUST** be covered by a minimum of \$1,500 insurance. This coverage may be provided through your own medical insurance OR you may purchase student insurance through Myers-Stevens & Company. Forms are available in the Business/Athletics Office (F-1). If you choose Myers-Stevens & Company, make a check payable to them and return with completed application to the Athletics/Business Office.

NOTE: Interscholastic Tackle Football Accident Plan only covers school sponsored and directly supervised activities as well as travel directly from school to event without interruption between School and off campus site for such activities provided travel is arranged by and at the direction of the School. Coverage ends at 12:01 a.m. on the first official day of spring practice 2009.

This is to certify that my student is covered by the required medical insurance:

NAME OF INSURANCE COMPANY	PARENT/GUARDIAN SIGNATURE
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PART 5 – CONSENT OF PARENT/GUARDIAN AND STUDENT

My signature affixed hereon gives permission for my son/daughter to participate in Athletics, Band, Adv. Dance, Debate, Drill Team or Pep Squad at the high school and certifies that I (PARENT/GUARDIAN AND STUDENT) have read and agree with the Rules and Regulations on the back of this form.

DATE	PARENT/GUARDIAN SIGNATURE	STUDENT SIGNATURE
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PART 6 – APPROVAL BY ATHLETIC DIRECTOR OR ATHLETIC SECRETARY

DATE	ATHLETIC DIRECTOR'S SIGNATURE	TUSD RECEIPT NUMBER	AMOUNT PAID	CHECK NUMBER	CASH PAYMENT
FALL:		WINTER:		SPRING:	

TORRANCE UNIFIED SCHOOL DISTRICT

ATHLETIC RULES AND INFORMATION



1. **ASB CARD:** It is recommended that all athletes purchase ASB cards. The ASB card provides discounts for school activities and free entrance into all league and practice athletic events the entire year. It is required in order to receive athletic awards, letters, plaques, etc., free of charge.
2. **OUTSIDE TEAMS:** Athletes cannot play on another team in the same sport from the time of high school's first contest against another school, in that sport, through the final game of the season.
3. **SCHOLASTIC ELIGIBILITY (TUSD Board Policy 327.22)**
 - a. Athletes must be legally enrolled and progressing toward meeting graduation requirements.
 - b. Athletes are expected to enroll in six classes and are ineligible if they drop below five classes.
 - c. Athletes must maintain a minimum GPA of 2.0 in all classes for the quarter completed prior to each season.
 - d. Athletes may have no more than one (1) unsatisfactory grade in citizenship for the quarter completed prior to the season and throughout the season.
 - e. These academic and citizenship standards must be maintained each quarter to stay eligible.
4. **SOUTH HIGH SCHOOL ATHLETIC COUNCIL:** Any athlete suspended from school, in or out of season, will be subject to disciplinary actions by the Athletic Council. Any athlete caught in the possession of, or under the influence of liquor, tobacco or controlled substances, in or out of season, will be subject to disciplinary actions by the Athletic Council. If requested by a coach or administrator, the Athletic Council will convene to investigate alleged individual or team violations and has the authority to invoke disciplinary action.
5. **HIGH SCHOOL ATHLETIC RULES:**
 - a. One qualification for earning a letter is that an athlete must complete the season as a member of the team (cannot have been cut, been suspended or quit).
 - b. All school-issued equipment (uniforms, bags, etc.) must be returned at the end of the season or the athlete will receive an incomplete grade until the equipment has been returned or paid for.
 - c. Athletes may not transfer from an "in-season" sport to any other sport until after the last game of the "in-season" sport or until released by the coach of the "in-season" sport.
 - d. Athletes are guaranteed a chance to tryout for another sport at the conclusion of their present sport season. We encourage athletes to participate in more than one sport during the year.
 - e. Athletes who are cut from a sport will be transferred to a regular P.E. Class. It may be during 6th or a different period. They must report to class daily and wear the required P.E. uniform.
 - f. All athletes must go to and from games on the team bus or with an authorized adult driver.
 - g. To be a member of a high school athletic team is a privilege and an honor. We expect all players on the field to conduct themselves like ladies and gentlemen. Specifically, we do not want players to criticize teammates or officials nor to commit deliberate fouls. When fouled, we do not want our players to retaliate. In short, we expect high school athletes to play with "class" and "character".
6. **THE ATHLETE AND COACH:**
 - a. Coaches may, and often do, set additional rules and regulations for their sports.
 - b. If you have any questions, don't be afraid to ask the coach.

TRANSPORTATION CONTRIBUTION

1. The Torrance Unified School District requires that all four high schools collect parent contributions for extracurricular transportation. Contributions will be collected from all Athletic teams, Band, Drum Line, Debate, Drill Team, and Pep Squad, and will be used to pay for busses carrying these high school students to activities and games.

2. The basic contribution is \$110.00 per activity/team, not to exceed \$180.00 per year per student. For families with multiple students, the maximum paid per year will be \$270.00.

3. The basic contribution per family:

A.	One (1) student in one activity/team	\$110.00
B.	One (1) student in two or more activities/teams	\$180.00
C.	Two (2) students each of whom is in one activity/team	\$220.00
D.	Two or more students in a total of three (3) activities/teams	\$270.00
E.	Three (3) students each of whom is in one activity/team	\$270.00
F.	Two or more students each of whom are in two or more activities/teams	\$270.00

4. The contribution applies to all interscholastic athletics that use busses and drivers as well as Band, Debate, Pep Squad, and Drill Team.

5. Contribution Refund Policy:

- a. Refunds will be granted to students who are cut or voluntarily drop before their activity/team's first contest.
- b. No refunds will be granted to students who are cut or drop the activity/team after the first contest, regardless of whether or not the student participated.
- c. No refunds will be granted to students who become scholastically ineligible.

6. Please write a check, payable to the **Torrance Unified School District**. Complete the information below and on your check, write your student's full name, grade level, and sport(s).

Name of Student	Fall Sport	Winter Sport	Spring Sport	Amount
Dance	Band	Debate	Drill	Cheer

Parent Signature _____

Date _____

WARNING TO STUDENTS, PARENTS & GUARDIANS

SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC COMPETITION

By its very nature, competitive athletics may put students in situations which SERIOUS, CATASTROPHIC and, perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or 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 this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

By choosing to participate, you the student, acknowledge that such risks exist.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

DIRECTIONS: Sign this form and return it to the Athletic Office (Room F-1) with the Athletic Packet.

This will acknowledge that we have read and understand the material contained in this WARNING TO STUDENTS, PARENTS and GUARDIAN.

Signed _____ Date _____
Parent or Guardian

Signed _____ Date _____
Student

Student's Name (Please Print) _____

PERMISSION FOR STUDENT TO RIDE IN A CAR

SOUTH HIGH SCHOOL

STUDENT PASSENGER AUTHORIZATION FORM

For South High School Students to Ride to a School-Sponsored Event with an Approved Coach, Sponsor, Parent or Adult Driver

The undersigned hereby acknowledges and understands that South High School is not providing transportation to certain voluntary school-sponsored event(s) and that is the responsibility of the of the undersigned to arrange transportation for his/her son or daughter.

SOUTH HIGH SCHOOL MAY **NOT** PROVIDE BUS TRANSPORTATION FOR CERTAIN AWAY CONTESTS/TOURNAMENTS. PARTICULAR EVENTS MAY ALLOW FOR INDIVIDUALS OR TEAMS TO TRAVEL BY PRIVATE TRANSPORTATION TO SOME CONTESTS, TOURNAMENTS OR WEEKEND EVENTS. ADVANCE NOTICE WILL BE GIVEN TO ALL TEAM MEMBERS.

As parent/legal guardian, I hereby authorize and give permission for my son/daughter,

(Student's name) _____, to ride as a passenger in a vehicle driven by a coach, sponsor, parent or other adult to the above school sponsored event(s).

The undersigned acknowledges and understands that the driver is not driving on behalf of, or as an agent of, South High School. Further, the undersigned understands that South High School has not verified the driving record or DMV record of the driver or the mechanical condition of the vehicle.

However, the driver has produced a signed document indicating adequate insurance coverage, possession of a California Driver's License and that the vehicle is in proper mechanical condition.

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____

PLEASE COMPLETE FORM ON THE REVERSE SIDE

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Torrance Unified School District

SOUTH HIGH SCHOOL

TO: Parents of Students Involved in Voluntary School-Sponsored Events for which South High School does NOT Provide Transportation

FROM: Mr. Scott McDowell, Principal

SUBJECT: **TRANSPORTATION TO SCHOOL-SPONSORED ACTIVITIES
IN WHICH STUDENTS VOLUNTARILY PARTICIPATE**

South High School specifically requires the completion of the permission forms, which indicate that insurance responsibility on the part of drivers is adequately met and that parents give permission for their students to be transported by coaches, parents, sponsors or other adults to such voluntary school-sponsored events.

Parents must understand that South High School does not provide transportation to some voluntary school-sponsored events and that it is solely a parent's responsibility to arrange transportation for his/her son/daughter if the parent wishes his/her son/daughter to attend/participate in the event(s).

If, as a parent or guardian, you wish your son/daughter to be transported by a coach, sponsor, parent or other adult to a voluntary school-sponsored event, the appropriate form must be completed prior to the school-sponsored event. Please read the form carefully.

DRIVERS ARE NOT ACTING AS AGENTS OF SOUTH HIGH SCHOOL.

DRIVERS ARE NOT DRIVING ON BEHALF OF SOUTH HIGH SCHOOL.

SOUTH HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE DRIVERS.

SOUTH HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE PASSENGERS

Please ask your coach/sponsor if you have questions concerning the voluntary transportation policy or about the required permission forms.

Thank you for your cooperation.

ANNUAL PHYSICAL EXAMINATION

Athletes are required to have an annual physical examination.

Drill Team Members are required to have an annual physical examination.

Advanced Dance Members are required to have an annual physical examination.

Pep Squad Members are required to have an annual physical examination.

Marching Band Members are required to have an annual physical examination.

2008/2009 HIGH SCHOOL PHYSICAL SCREENING

HISTORY (Must be completed and signed by parent prior to examination):

SPORT: _____ SCHOOL: **SOUTH HIGH** DATE: _____

PRINT Last Name	First Name	M.I.	Grade	Age	Date of Birth
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Address	City	Zip Code
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HEALTH HISTORY (To be completed by student or parent):

Check and give as much information as possible **Y = yes, N = no**

____ Heart Trouble	____ High Blood Pressure	____ Asthma	____ Diabetes
____ Kidney Problems	____ Head Trauma	____ Seizures	____ Other (List below)

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

Current medications	Allergies	Last Tetanus Immunization
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Signature of Parent or Guardian: _____

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PHYSICAL EXAMINATION (To be completed by physician):

Height: _____ Weight: _____ Temp: _____ Blood Pressure: _____ Pulse: _____ Respirations: _____

Visual Acuity: O.D. ____ / ____ O.S. ____ / ____ () Corrected () Uncorrected L.M.P. _____

() Chest Pain () Extreme S.O.B. () Dizziness () Fatigue () Palpitations () Sudden Death of Family Member

		10. MUSCULOSKELETAL, ROM, STRENGTH	
	NORMAL	NECK	
1. EYES		SPINE	
2. EARS, NOSE, THROAT		SHOULDERS	
3. MOUTH AND TEETH		ARMS/HANDS	
4. NECK		HIPS	
5. CARDIOVASCULAR		THIGHS	
6. CHEST AND LUNGS		KNEES	
7. ABDOMEN		ANKLES	
8. SKIN		FEET	
9. GENITALIA-HERNIA(MALE)		11. NEUROMUSCULAR	

ABNORMAL FINDING: _____

RECOMMEND: () Full Activity, No Restrictions Recommend: () Vision Evaluation () Tetanus Booster
 () Accept, Restrictions: () No contact sports () Other: _____
 () Not Participate

EXAMINING PHYSICIAN: _____ License#: _____ Date: _____

Address: _____ **Doctor's Stamp here:**

Phone #: _____

ATHLETES CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety / awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

Athlete's Signature: _____ **Date:** _____

Athlete's Name Printed: _____

Parent Signature: _____ **Date:** _____

The CIF-Southern Section requires that a copy of this form be kept on file in the Athletic Director's Office at the local high school on an annual basis.

SOUTH HIGH SCHOOL ATHLETIC EMERGENCY CARD

STUDENT – Last Name First Name Phone Number

FATHER – Last Name First Name Home Phone Business/Cell Phone

MOTHER – Last Name First Name Home Phone Business/Cell Phone

IN THE EVENT OF AN ACCIDENT OR INJURY, PLEASE NOTIFY:

Last Name First Name Home Phone Business Phone

Cell Phone Beeper Number

In the event of an accident of injury your son or daughter will be taken to the nearest hospital

Name of Health Insurance Policy Number

Signature of Parent/Guardian Date