

Forms you will need to get your “Ticket to Play”

You must turn in all forms to the athletic secretary to receive your “TICKET TO PLAY”.
The athletic office is in D-9 and is open from 7:00 a.m. – 3:30 p.m.

**ALL FORMS MUST BE COMPLETE
AND SUBMITTED AT THE SAME
TIME ON “WHITE PAPER”**

A total of 13 pages (including this one)

- **Residency Verification** (1 page)
- **Hazing** (1/2 page along with Acknowledgement of Athletic Handbook)
- **Acknowledgement of Athletic Handbook** (1/2 page)
- **CIF Ethics in Sports** (1 page)
- **Character Counts** (1 page)
- **Coaches Medical Information Card** (2 pages)
- **Physical Forms** (4 pages)
- **Transportation Notice and Money** (2 pages)

Poway Unified School District

ATHLETIC POLICY AGAINST HAZING

Poway Unified School District strives to maintain a healthy athletic program in which all students feel safe and welcome and can be proud of the school and athletic programs they represent.

I understand that hazing of any kind is not allowed on this campus and in the athletic program. This includes mental, verbal and physical acts. I further understand that it is my duty to report any acts of hazing that I see to a coach or administrator on campus.

By signing below, I agree to uphold this District policy and understand that any violation will result in my immediate suspension from athletics and further disciplinary action as outlined in District policy procedures.

Student Name (Printed)	Student Signature	Date
------------------------	-------------------	------

Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
--------------------------------	---------------------------	------

DEFINITION OF HAZING

Hazing in any form including initiation which is degrading is strictly forbidden by California State Law. No student shall conspire to engage in hazing, participate in hazing or commit any act that causes or is likely to cause bodily danger, physical harm, and/or personal degradation or disgrace resulting in physical or mental harm to any fellow student or other persons. Persons violating this policy shall be subject to District discipline misdemeanor penalties and forfeiture or entitlements.

ACKNOWLEDGEMENT of link to *MCHS Athletic Guidelines*

I understand it is my responsibility to read the "MCHS Athletic Guidelines" that can be found on the Athletic website (www.sundevilathletics.com) under 'Athletic Director's link that can be found on the top right hand corner.

Student Name (Printed)	Student Signature	Date
------------------------	-------------------	------

As the parent/caregiver of the above student I acknowledge that I have read or acknowledge my responsibility to read the Mt Carmel Athletic Handbook. I understand the Awareness of Injury Risk and warning, and also give my son/daughter permission to compete in athletics in the Poway Unified School District/Mt Carmel High School.

Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
--------------------------------	---------------------------	------

Mt. Carmel High is a “Victory with Honor/Character Counts” School.

Student/Athletes are expected to strive to achieve the six core values of good citizenship/character.

Trustworthiness

Be honest • Don't deceive, cheat or steal • Be reliable — do what you say you'll do
 • Have the courage to do the right thing • Build a good reputation • Be loyal — stand
 by your family, friends and country

Respect

Treat others with respect; follow the Golden Rule • Be tolerant of differences
 • Use good manners, not bad language • Be considerate of the feelings of others •
 Don't threaten, hit or hurt anyone • Deal peacefully with anger, insults and disagree-
 ments

Responsibility

Do what you are supposed to do • persevere: keep on trying! • Always do your best
 •
 Use self-control • Be self-disciplined • Think before you act — consider the con-
 sequences • Be accountable for your choices

Fairness

Play by the rules • Take turns and share • Be open-minded; listen to others • Don't
 take advantage of others • Don't blame others carelessly

Caring

Be kind • Be compassionate and show you care • Express gratitude • Forgive others
 •
 Help people in need

Citizenship

Do your share to make your school and community better • Cooperate • Get
 involved
 in community affairs • Stay informed; vote • Be a good neighbor • Obey laws and
 rules • Respect authority • Protect the environment • Stay out of trouble with the
 authorities.

Student Name

Signature

Date

This "**COACHES MEDICAL INFORMATION CARD**" is provided to the coach. It will be taken with the team whenever the team travels to an away contest. Please fill out completely and be specific. An authorization with a physician's signature must be attached if the athlete takes any prescription medication. **PRIVATE**

- CONFIDENTIAL -

MEDICAL INFORMATION RELEASE FORM FOR CO-CURRICULAR ACTIVITY MT CARMEL HIGH SCHOOL

This form **MUST** be completed and signed by the student's parent/guardian. The form gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the student at parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization.

PLEASE PRINT AND FILL OUT COMPLETELY, SIGN AND RETURN

Student's Name	Sport(s)
Parent/Guardian Name	Graduating Class (Year)
Address	City, Zip

Home Phone/Cell Phone

Work/Daytime Phone

IN CASE OF EMERGENCY, A REPRESENTATIVE OF THE ATHLETIC DEPARTMENT HAS THE AUTHORITY TO SECURE MEDICAL OR SURGICAL TREATMENT AND TRANSPORT AS NECESSARY. WE WILL ATTEMPT TO CONTACT THE EMERGENCY CONTACTS LISTED BELOW IF UNABLE TO CONTACT PARENT/GUARDIAN.

Family Doctor	Phone
Emergency Person to Contact:	Phone
Relationship to Student/Athlete:	
Emergency Person to Contact:	Phone
Relationship to Student/Athlete:	

MT CARMEL HIGH SCHOOL TRIP PERMISSION

SCHOOL RULES ARE IN EFFECT FOR ALL SCHOOL-SPONSORED ACTIVITIES

I UNDERSTAND THAT BY SIGNING THIS FORM:

- 1. I give my permission for my son/daughter to participate in MCHS athletics.**
- 2. I give my permission for staff/chaperones to provide first aid care and secure emergency care at my expense if needed.**
- 3. I release the Poway Unified School District, its officers, employees, agents or Mt Carmel High School and its chaperones from any and all liability, loss, expense or claim for illness, injury or damages that may arise from participation in the athletics program or any associated activity. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.**
- 4. I am aware that injuries may occur to the athlete while participating in interscholastic athletics. I have been advised of this danger.**

Signature of Parent/Guardian	Date
Name of Insurance Company	Policy #

HEALTH INFORMATION

List below all information helpful to a physician in case of emergency and information school/staff chaperones need to be aware of for the student's safety. Updated information shall be provided by the parent/guardian.

	USUAL SYMPTOMS	CARE OR MEDICATION NEEDED	METHOD OF ADMINISTRATION
MEDICAL PROBLEMS (i.e. diabetes, asthma, seizures)			
ALLERGIES (i.e. food, bee stings, medication)			

CURRENTLY UNDER MEDICAL CARE? (Explain)

OTHER FACTORS THAT MAY AFFECT THE CARE OF YOUR STUDENT/ATHLETE. BE SPECIFIC.

ADDITIONAL RECOMMENDATIONS:

MEDICATION: Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating desire that the District assist the student as set forth by the physician. If prescription or non-prescription medication is necessary, an Authorization for Medication Administration must be attached. I understand that staff/chaperones may assist my student in taking the medicine(s) as directed by my physician. I will provide the medicine(s) in the prescription container(s) labeled with the name of my student, the prescribing physician's name, and the time and dosage of medication prescribed.

I agree to hold harmless and indemnify the Poway Unified School District, its officers, employees, agents or Mt Carmel High School and its chaperones from and against any and all liability, loss, expense or claims for illness, injury or damage any student may incur from medication assistance.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Date

POWAY UNIFIED SCHOOL DISTRICT

Athletic Screening History & Physical Exam

Please indicate:

 Mt. Carmel HS Poway HS Rancho Bernardo HS Westview HS

Student Name:	Student ID #:
Address:	Date of Birth:
City/Zip:	Graduating Year:
Home Phone:	Parent Name/Work Ph:
Emergency Contact/Phone:	Parent Name/Work Ph:

EXPLANATION OF SCREENING PHYSICAL

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son/daughter's dynamic ability to participate in a given sport so that obvious conditions which might be damaged or aggravated by competitive sports can be found, evaluated and treated so as to prevent further injury. This examination does not guarantee against injury.

Parent Initials _____

AWARENESS OF RISK

STUDENT AND PARENT – I am aware that playing/practicing sports can be a dangerous activity involving many risks of injury. I understand that the risks of participation include, but are not limited to, death, serious neck and spinal cord injuries that may result in complete or partial paralysis, brain damage, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the risks of participation may result not only in serious injury, but in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.

Parent Initials _____

PERMISSION FOR TREATMENT

I hereby grant permission to the team physicians and those professional personnel designated by Poway Unified School District to treat my son/daughter in the event of an injury. In the event of a serious injury, if I am unable to give my consent at the time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first-aid.

Parent Initials _____

PROOF OF INSURANCE

In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervised school transportation.

Parent Initials _____ Insurance Carrier _____ Policy # _____

I have read the above statements, EXPLANATION OF SCREENING PHYSICAL, AWARENESS OF RISK, and PERMISSION FOR TREATMENT, and understand them fully and agree/consent to their contents.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Student Name: _____ Athletic Screening History & Physical Exam, Page 2 of 4

Health History - Please answer the following in the check box provided. Explain "yes" answers in the box below.

1. Have you ever been hospitalized (overnight)? Yes No
 Have you ever had surgery? Yes No
2. Are you currently taking medication? Yes No
3. Do you have any allergies (medicines, pollen, bees)? Yes No
4. Have you ever passed out during exercise? (not from heat) Yes No
 Have you ever been dizzy during exercise? (not from heat) Yes No
 Have you ever had chest pain? Yes No
 Do you tire more quickly than your friends during exercise? Yes No
 Have you ever had high blood pressure? Yes No
 Have you ever been told you had a heart murmur? Yes No
 Have you ever had racing of your heart or skipped beats? Yes No
 Has anyone in your family died of heart problems or a sudden death before age 40? Yes No
 Does anyone in your family have Marfan's Syndrome? Yes No
5. Do you have any skin problems (itching, rashes, breaking out)? Yes No
6. Have you ever had a head injury? Yes No
 Have you ever been knocked out? Yes No
 Have you ever had a seizure? Yes No
 Have you ever had a burner/stinger? (pain from neck to arm) Yes No
7. Have you ever had heat cramps? Yes No
 Have you ever been dizzy or passed out in the heat? Yes No
8. Do you use special pads or braces? Yes No
9. Have you ever injured (broken/fractured, sprained, dislocated):
 Hand/fingers Shoulder Hip Shin/calf
 Wrist/forearm Neck Thigh Ankle
 Elbow Chest/ribs Knee Foot/toes
 Upper arm Back Stress fractures? _____
10. Have you ever had:
 Mononucleosis Diabetes Measles Hernia(s)
 Hepatitis Headaches (frequent) Asthma Ulcers
 Eye/ear injuries Tuberculosis Sickle cell trait/disease
11. When was your last tetanus shot? _____
12. About your weight: Do you think you are... just right? too heavy? too light/thin?
 Do you like to drink dairy (milk) products? Yes No
 For females:
 When was your first period and how old were you? _____
 When was your last period? _____
 Are your periods Regular/monthly? Irregular/skip months?

13. Please ask the doctor to address any questions that you may have. [All discussions are kept confidential.]

Please explain any "yes" answers here:

Student Name: _____ Athletic Screening History & Physical Exam, Page 3 of 4

14. Circle the sports you will be participating in:

- | | | | |
|---------------|----------------|-------------|------------|
| Baseball | Football | Soccer | Tennis |
| Basketball | Golf | Softball | Volleyball |
| Cheerleading | Gymnastics | Swimming | Water Polo |
| Cross Country | Lacrosse | Track/Field | Wrestling |
| Field Hockey | Other(s) _____ | | |

Physical Examination

(To be completed by Medical Personnel)

Height _____	Blood Pressure _____ (sitting, left arm)	Vision (optional)
		Left eye 20/ _____
Weight _____	Pulse _____	Right eye 20/ _____
		Both eyes 20/ _____
Body fat _____% (optional)		with / without glasses

1. Skin	
2. Head	
3. Eyes (PERLA, EOMI, Fungi)	
4. Ears, nose, throat	
5. Neck	
6. Lymphatic's	
7. Respiratory	
8. Cardiovascular	
Heart (murmurs?)	
9. Abdomen	
10. Genitalia (include. hernia exam – optional)	
11. Extremities	
12. Neuralgic	
Reflexes	
13. Orthopedic	
Cervical spine/back	
Arms/elbows/wrist/hands	
Hips	
Knees	
Ankles/feet	
14. Developmental	
Tanner staging 1 – 5 (optional)	

√ = within normal limits
 + = see comments
 X = omitted

Comments/Recommendations:

Student Name: _____ Athletic Screening History & Physical Exam, Page 4 of 4

MEDICAL CLEARANCE

(As appropriate for age and development)

Please indicate

Full, unrestricted participation

OR

Clearance deferred or no participation at this time because:

Needs to complete rehabilitation for current condition(s)
prior to participation

Note: _____

Needs clearance by specialist

Orthopedist Cardiologist

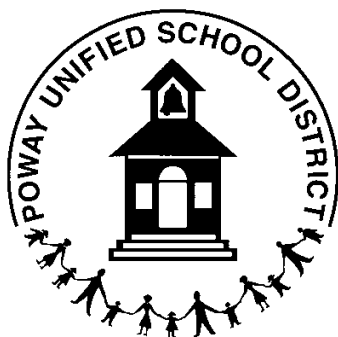
Other: _____

Physician's Statement:

(Student's name) _____ was examined by me on (date) and found physically fit to engage in high school athletics. Results are to encourage, but in no way guarantee, the fitness and safety of this athlete.

Practitioner Signature: _____ Date _____

M.D. / D.O. / N.P. / P.A. / D.C.



Physician's Office Stamp HERE
(REQUIRED)

Poway Unified School District Athletics

June, 2008

Dear Parents of Student-Athletes in PUSD:

As a result of the recent budget reductions at both the state and local levels, we find ourselves faced with a situation that will necessitate additional financial support from each of you if we are to maintain our current level of services to our student-athletes.

At the most recent school board meeting, the following reductions which have a direct effect upon athletics were approved:

- **School site supply and material budgets were reduced by approximately 30%.** To each of our programs this represents a loss of \$8,400.
- **The number of high school assistant coaching positions was reduced by 10 per school,** a loss of approximately \$27,000, not to mention the other intangibles that quality coaches provide our student-athletes which cannot be assigned a dollar value.
- **District funding for athletic transportation has been eliminated.** The financial loss to each athletic department is \$54,000, but more importantly, we are now faced with two dilemmas: 1) How do we safely transport our student-athletes to their contests? And 2) With leagues changing and travel distances increasing as a result, how do we generate the additional money needed to pay for these trips?

At this time our number one priority is maintaining our high level of athletic transportation support services. In order to meet this goal, we propose the following:

- A contribution of \$90 per athlete for the school year which would go into a fund to be used solely to provide bus or school van transportation for all our athletic teams, including field hockey, boys and girls lacrosse and cheerleading, during weekday contests. Transportation to Saturday contests would be very limited under this proposal. For those of you with multiple athletes, there will be a family cap of \$180.

We hope you share in our belief that district provided transportation is in the best interests of everyone involved. Without your support, alternative means of transportation will have to be found and may necessitate fewer student-athletes traveling to away contests.

We appreciate your continued support of our athletic programs.

Respectfully,

Tom McCoy Ed.D
Principal, Mt. Carmel

Paul Robinson
Principal, RBHS

Dawn Kastner
Principal, Westview

Scott Fisher
Principal, Poway

Randy Wright
Athletic Director

Peggy Brose
Athletic Director

Chris Carter
Athletic Director

Dan Crane
Athletic Director

**POWAY UNIFIED SCHOOL DISTRICT
MT CARMEL HIGH SCHOOL**

Name of Athlete: _____

Fall Sport: _____

Winter Sport: _____

Spring Sport: _____

Name of Sibling(s) in Sport(s): _____

Please make checks out to MCHS Transportation and on memo line student's name or School ID number. Please mail your check to Mt Carmel High School, Athletic Department, 9550 Carmel Mountain Road, San Diego, CA 92129 or turn into Linda Uribe in the Athletic Office, Room D-9.

Please check one: \$90 _____ \$180 _____