

# EL MOLINO HIGH SCHOOL

## Athletic Participation Requirements

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sport 1: \_\_\_\_\_ (fall) \_\_\_\_\_ Paid  
Sport 2: \_\_\_\_\_ (winter) \_\_\_\_\_ Paid  
Sport 3: \_\_\_\_\_ (spring) \_\_\_\_\_ Paid



*Don't know what sport(s) you want play? You can always pick/change later. Just let the Health Tech know.*

### **\*\*IMPORTANT PACKET SUBMISSION INFORMATION\*\***

The following information **MUST** be completed and turned into the Health Tech during the school day, **BEFORE** clearance to participate is given. This packet **MUST** be handed to the Health Tech **IN PERSON**. Athletes who need clearance for a second or third subsequent sport need only to check in with the Health Tech to be put on the new desired sports' clearance list and to bring the Athletic Donation payment to the Health Tech office.

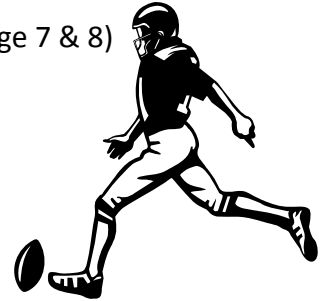
**\*\*THESE FORMS NEED ONLY TO BE COMPLETED ONCE IN A SCHOOL YEAR\*\***

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### **Athletic Participation Checklist (for your own use)**



- Parent/Student has read and signed GENERAL REGULATIONS PAGE. (Page 2-4)
- Provided HEALTH INSURANCE INFORMATION. Insurance is required. (Page 4)
- Provided a PHYSICAL performed by a doctor or nurse practitioner dated **within one calendar year** of the last session of the desired sport's practice or game stating student clearance. You may use the form provided or use the form provided by the doctor or nurse practitioner and attach it to the packet. (Page 5 & 6)
- Parent/Student has read and signed the CONCUSSION INFORMATION PAGE. (Page 7 & 8)
- Parent/Student has read and signed the EJECTION POLICY. (Page 9)
- Parent/Student has read and signed the PARTICIPATION WARNING. (Page 9)
- Parent has read and signed the SPECTATORS' CODE OF CONDUCT. (Page 10)
- Provided most updated EMERGENCY CONTACT INFORMATION. (Page 12)



Due to severe cutbacks in WSCUHSD and California State funding for athletics, it is necessary to request a \$100 donation per sport. **Donations will be refunded to students who are cut from a team.** Please pick up your refund within 15 days of the final cut. After 15 days of final cuts, refunds will not be approved. **NO EXCEPTIONS.**

- Provided ATHLETIC DONATION (\$100.00 per sport); make checks payable to El Molino High School and attach to this packet. Athletic contributions will support ALL expenses including, but not limited to, transportation, league fees, umpires/referees, etc.
- Parent/Student made a COPY of the ENTIRE PACKET for themselves and put it in a place in case it's misplaced.

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**STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN TRYOUTS OR PRACTICE  
UNLESS ALL OF THE ABOVE ITEMS ARE COMPLETED.**

## NOTICE OF ATHLETIC TRANSFER RULES

Transferring from one school to another school may affect a student's athletic eligibility under NCS or CIF rules. It is your responsibility to see the school principal for a copy of the eligibility rules. Students who transfer as a result of disciplinary action are subject to the conditions of Bylaw 210 and may be ineligible for one calendar year from enrollment in your new school. Go to [www.cifncs.org](http://www.cifncs.org) for further information. Click on "Eligibility Bylaw Forms" then click on "Parent Handbook I – Transfer Eligibility."

### Summary of general C.I.F., N.C.S., S.C.L., and EMHS Regulations

#### **I. Scholastic Eligibility**

1. Each 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> grade student who earned less than **25 units** of work during the preceding semester, or had a GPA of less than 2.00 during the previous grading period shall be ineligible.
2. Each 12<sup>th</sup> grade student, who earned less than **20 units** of work or had a GPA of less than 2.00 during the previous grading period, shall be ineligible.
3. Academically ineligible students in grades 10-12 may use a one-time probationary quarter waiver which would make the student eligible until the next grading period. Probationary quarter forms may only be used for the 2.00 standard NOT FOR THE 25/20 UNIT REQUIREMENTS. Forms are available from the Athletic Director.
4. Summer school grades or units may be added to spring units to meet either the 25/20-unit requirement or the overall 2.00 GPA. (See Administrative Regulations)

#### **II. Citizenship and Behavior**

1. Any student placed on a probationary discipline contract is ineligible to participate in any extra-curricular activity.
2. Any violation of specific team/activity rules will be dealt with by the coach/advisor.
3. Any violation of school rules, or violation of civil or penal codes, may be dealt with by school officials. If a student violates any of the above rules, the following punishments will normally be instituted and s/he may be removed from participation in accordance with the guidelines below:
  - A. If the violation occurs on campus or at a school-sponsored or related event (at any time), the individual will be under the jurisdiction of the school authority with penalties in accordance with the school-board policy.
  - B. Conduct unbecoming a student-athlete and/or behavior, which reflects negatively on the school and/or the activity/sport at any time, whether on or off campus, can result in removal from that activity/sport or prevention from future participation in the program for up to 45 days. Determination will be made by the school administration in consultation with coaches and the Athletic Director. (Prior to the decision, the parents and participant will be provided an opportunity to present their position.)

#### **III. Recreation and/or Outside Teams**

A student on a high school team becomes **ineligible** if the student competes in a contest on an "outside" team, in the same sport, during the student's high school season of sport. Example: Girls' Softball and Bobby Sox, Church Team, Baseball and Little League etc. (fall soccer is excluded from this rule).

## **IV. Transportation**

1. California Education Code 35330 absolves schools from liability for student injury when students are participating in trips or excursions not required as part of the regular school instructional program. (California Education Code 35330, "All persons taking the field trip or excursion shall be deemed to have waived all claims against the district or the state of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.")

2. With the recommendation of the Head Coach and approval of the Principal or designee, an athletic team may meet at a contest, practice session or other team event rather than travel in transportation arranged by the school. The "meet at the event" transportation option shall only be utilized for contests, practice sessions or other team events within a 40-mile driving distance of the school.

When an athletic team uses the "meet at the event" transportation option, the parent or guardian of the student participating with the team shall assume all resulting liability, and neither the West Sonoma County Union High School District nor any school in the District shall assume any liability resulting from that transportation.

The following shall apply when an athletic team uses the "meet at the event" transportation option:

- (1) Team members and their parents or guardians must arrange and provide their own "meet at the event" transportation to and from the event.
- (2) Coaches and school staff shall have no role in arranging "meet at the event" transportation, including ride shares, car pools, etc.
- (3) School phones, email or other communication systems shall not be used to arrange "meet at the event" transportation.
- (4) Coaches and school staff shall not transport students in their vehicles when using the "meet at the event" transportation option.
- (5) Drivers and passengers are expected to obey all driving laws and practice safe driving habits at all times while providing "meet at the event" transportation for students.

3. Although the coach is responsible for the conduct of the group while on trips, the driver of the vehicle is the paramount authority on a school bus and all students must respect that authority.

4. All students must use the school's transportation to and from all activities when provided. Exceptions to this rule must be cleared in writing through the school administration prior to the event or the activity. Coaches may permit the participant to ride home with his/her parent or guardian.

## **V. Outstanding Bills**

Student-Athletes are financially responsible for all textbooks, equipment, or uniforms issued by the school. Student-athletes must pay all bills for lost or stolen materials prior to participation in any sport.

## **VI. Awards/Student Body Cards**

Student athletes must complete the entire season, abide by minimum team participation standards, and purchase a STUDENT BODY CARD to receive an El Molino High School block or award.

## **VII. Activity Attendance Policy**

On the day of or the Friday preceding a Saturday contest, student athletes must be present for the majority of their scheduled school hours. Exceptions may be made if the student is specifically cleared IN ADVANCE OF THE ABSENCE by the Principal, Vice Principal, or Athletic Director.

**VIII. Steroids**

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing this form, 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. We also recognize that under CIF Bylaw 200.D, there could be penalties for false or fraudulent information. We also understand that the El Molino High School/WSCUHS District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

**This verifies that the undersigned have carefully read and understand the rules stated above and agree to abide with the spirit of this agreement as stated or implied. My child has permission to travel on transportation arranged by the school, including a bus or district-approved driver. I understand that parents or guardians are responsible for providing transportation when the team uses the “meet at the event” transportation option.**

\_\_\_\_\_  
**Parent / Guardian Signature**

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

\_\_\_\_\_  
**Student Signature**

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

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**VERIFICATION OF INSURANCE FOR ATHLETIC PARTICIPATION**

By signing below, I/We certify that the named student is covered by insurance and give authorization to the student to participate in athletics at El Molino High School.

I/We have either purchased the extra insurance for football coverage offered through the school, or I am satisfied with the coverage that my insurance provides.

**INSURANCE CARRIER:** \_\_\_\_\_

**POLICY #:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/guardian signature**

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

# PRE-PARTICIPATION PHYSICAL EVALUATION

Date of the Exam: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical History (completed & signed by student & parent)**

Explain "yes" answers below. Circle questions you can't answer.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1) Have you had a medical illness or injury since your last check up or sports physical? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Do you have an ongoing or chronic illness? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you ever been hospitalized overnight? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you ever had surgery? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Do you have any allergies (for example, to pollen, medicine, food or stinging insects)? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have you ever had a rash or hives develop during or after an exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Have you ever passed out during or after exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Have you ever been dizzy during or after exercise? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Have you ever had a chest pain during or after exercise? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Do you get tired more quickly than your friends do during exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Have you ever had racing of your heart or skipped heartbeats? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Have you had high blood pressure or high cholesterol? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Have you ever been told that you have a heart murmur? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Have any family members or relative die of heart problems or sudden death before age 50? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Has a physician ever denied or restricted your participation in sports for any heart problems? .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Do you have any current skin problems(for example, Itching, rashes, acne, warts, fungus or blisters)? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Have you ever had a head injury or concussion? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) Have you ever been knocked out, become unconscious? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) Have you ever had a seizure? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23) Do you have frequent or severe headaches? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) Have you ever had numbness or tingling in your arms, hands, legs or feet? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | YES                      | NO                       |                          |           |                          |
|---|--------------------------|--------------------------|--------------------------|-----------|--------------------------|
| 25) Have you ever had a stinger, burner or pinched nerve? .....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 26) Have you ever become ill from exercising in the heat? .....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 27) Do you cough, or have trouble breathing during or after an activity? .....  | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 28) Do you have asthma? .....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 29) Do you have seasonal allergies that require medical treatment? .....  | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 30) Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example knee brace, retainer, hearing aid)..... | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 31) Have you ever had problems with your eyes or vision?.....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 32) Do you wear glasses, contacts or protective eyewear? .....  | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 33) Have you ever had a sprain, strain or swelling injury?.....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 34) Have you broken or dislocated any bones or joints? .....  | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| 35) Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? .....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |           |                          |
| If yes, check appropriate blank and explain below:  |                          |                          |                          |           |                          |
| Head  | <input type="checkbox"/> | Elbow                    | <input type="checkbox"/> | Hip       | <input type="checkbox"/> |
| Neck  | <input type="checkbox"/> | Forearm                  | <input type="checkbox"/> | Thigh     | <input type="checkbox"/> |
| Back  | <input type="checkbox"/> | Wrist                    | <input type="checkbox"/> | Knee      | <input type="checkbox"/> |
| Chest   | <input type="checkbox"/> | Hand                     | <input type="checkbox"/> | Shin/Calf | <input type="checkbox"/> |
| Shoulder  | <input type="checkbox"/> | Finger                   | <input type="checkbox"/> | Ankle     | <input type="checkbox"/> |
| Upper Arm   | <input type="checkbox"/> | Foot                     | <input type="checkbox"/> |           |                          |
| 36) Do you want to weigh more or less than you do? .....  | <input type="checkbox"/> |                          |                          |           | <input type="checkbox"/> |
| 37) Do you use weight regularly to meet weight requirements for your sport? .....   | <input type="checkbox"/> |                          |                          |           | <input type="checkbox"/> |
| 38) Do you feel stressed out? .....   | <input type="checkbox"/> |                          |                          |           | <input type="checkbox"/> |
| 39) Record the dates or your most recent immunization (shots) for:  |                          |                          |                          |           |                          |
| Tetanus: _____  |                          | Measles: _____           |                          |           |                          |
| Hepatitis B: _____  |                          | Chickenpox: _____        |                          |           |                          |
| <b>Females Only (OPTIONAL)</b>  |                          |                          |                          |           |                          |
| 40) When was your first menstrual period?   |                          |                          |                          |           |                          |
| 41) When was your most recent menstrual period?   |                          |                          |                          |           |                          |
| 42) How many days do you have between the end of one period and the start of another?   |                          |                          |                          |           |                          |
| 43) How many periods have you had in the last year?   |                          |                          |                          |           |                          |
| 44) What was the longest time between periods in the last year?   |                          |                          |                          |           |                          |
| Other Concerns: _____   |                          |                          |                          |           |                          |
| _____   |                          |                          |                          |           |                          |
| _____   |                          |                          |                          |           |                          |
| _____   |                          |                          |                          |           |                          |
| _____   |                          |                          |                          |           |                          |

## PRE-PARTICIPATION PHYSICAL EVALUATION

The sections below are to be completed by Physician or staff after history and consent forms are completed.

Students Name: _____	Birth Date: _____
Height: _____ Weight: _____	Pulse: _____ B/P: _____ / _____ Resp: _____
Corrective Lenses:    Y    N	Pupils PERRL:    Y    N      Skin: _____

MEDICAL	Normal	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitalia (Males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip (thigh)			
Leg/Ankle			
Foot			

### MEDICAL CLEARANCE (to be filled by physician)

Cleared without restrictions.

Cleared, with recommendations for further evaluation/rehabilitation for: \_\_\_\_\_  
\_\_\_\_\_

Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Name of Physician (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Phone: \_\_\_\_\_

## EL MOLINO HIGH SCHOOL 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> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**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 athletes 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 it’s 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/>

_____	_____	_____
Student-Athlete Name Printed	Student-Athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date



## EJECTION POLICY NOTIFICATION

The following rules and minimum penalties are applicable to players and coaches as adopted by the NSC Board of Managers on April 21, 1995 in accordance with national federation rules. This policy will include non-league invitational tournaments, post-season, league, section or state playoff, etc.

1. Ejection of a player from a contest for unsportsmanlike dangerous conduct.  
**Penalty:** the player shall be ineligible for the next contest (non-league, league, invitational/tournament/event post-season league, section or state playoff, etc.).
2. Illegal participation in the next contest by a player ejected in a previous contest.  
**Penalty:** the contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.  
**Penalty:** the player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench (or dugout, etc.) to participate in an altercation.  
**Penalty:** the player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitation tournament, post-season league, section or state playoff, etc.)

**Coaches are responsible for determining the cause of ejection for any of their players and are responsible for enforcement of the Ejection Policy. Confusion over the cause for a player's ejection shall not be the basis for allowing a student who has been ejected under an applicable rule to avoid the sanctions required by the Ejection Policy.**

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

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**Student Athlete's Signature**

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**Date**

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**Parent's Signature**

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**Date**

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### ATHLETIC PARTICIPATION WARNING TO STUDENTS AND PARENTS

By its very nature, competitive athletics may put students in situations where serious, catastrophic and perhaps, fatal accidents may occur.

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

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks, or they chose not to participate. 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 is 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 impairment as a result of athletic competition.

By signing this form and granting permission for your student to participate in athletic competition, you the parent or guardian, acknowledge that such risk exists.

If any of the foregoing is not completely understood, please contact El Molino High School for further information.

This verifies that the undersigned have carefully read and understand the above warning to students and parents.

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**Parent/Guardian signature**

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**Date**

# El Molino High School

## Spectator's Code of Conduct



*As a spectator of El Molino High School athletic events, I agree to the following:*

- **Not to use profane language and harass players, coaches, or officials**
- **To show respect for our team's opponents**
- **Not to criticize a student athlete for making a mistake during a competition**
- **To show respect for the officials' decisions**
- **To show respect for the coaches' decisions**
- **Not to make rude, disrespectful, or derogatory comments about players, coaches, school personnel, or officials**

California Ed Code 32210 states any person who disturbs a public school event or demeans a public school employee in the presence of students is guilty of a misdemeanor and shall be punished by a fine of not more than \$500.

*El Molino High School personnel reserve the right to deny any spectator the opportunity to attend an El Molino High School event.*

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT NON-DISCRIMINATION POLICY**

West Sonoma County Union High School District policy prohibits discrimination and/or harassment of students, employees and job applicants at any district site or activity on the basis of actual or perceived race, color, national origin, ancestry, ethnic group identification, medical condition, genetic condition, genetic information, disability, gender, gender identity, gender expression, sex, sexual orientation, age, political affiliation, organizational affiliation, veteran status, marital status, or parental status.

Please direct inquires regarding the District's non-discrimination policies to any school or district administrator.

**EL MOLINO HIGH SCHOOL  
ATHLETIC PARTICIPATION EMERGENCY INSTRUCTIONS**

**Student Name** \_\_\_\_\_  
Last name First name Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code Phone

**In case of illness or accident to the student named above, the school is authorized to proceed as indicated below. Number each item 1, 2, 3, 4 in order of desired action.**

\_\_\_\_\_  
Contact Mother: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

Email: \_\_\_\_\_

\_\_\_\_\_  
Contact Father: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

Email: \_\_\_\_\_

\_\_\_\_\_  
Contact Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
Contact Relative: \_\_\_\_\_ Phone: \_\_\_\_\_  
or Adult Friend (Name)

I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems it necessary. I will accept the judgment of the person in charge. This permit is effective until a written notice of cancellation is given by me.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*Please list any significant health problems that might be important to a physician evaluating your child in case of an emergency:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

