



LA HABRA HIGH SCHOOL

NATIONAL BLUE RIBBON SCHOOL
CALIFORNIA DISTINGUISHED SCHOOL
GOLDEN BELL PROGRAM SCHOOL

801 W. HIGHLANDER AVENUE, LA HABRA, CALIFORNIA 90631
Tel. No. (562) 266-5000 Fax No. (562) 691-8280

George J. Giokaris, Ed.D.
Superintendent

Karl R. Zener, Ed.D.
Principal

STUDENT NAME: _____

Athletic Clearance is Valid June 17, 2011 – June 14, 2012

Forms can be found at www.lahabrahighschool.net under the “students” tab.

All forms must be printed, filled out completely, signed, and returned to the front office for clearance!

Office →

Complete **BOTH SIDES** of **ALL FOUR (4)** Participation Cards. Be sure **ALL FOUR (4) CARDS** are signed by a parent. (One card goes to the Coach/Advisor, one to the Athletic Director, one to the Trainer, and one stays with your student’s packet. **All four** cards **MUST** be completed, in order for your student to be cleared to participate.)

Board policy 5614 requires that **EVERY** student participating in interscholastic athletics must have a **YEARLY** physical and authorization by a physician.

- a. The physician is to complete and sign the **MEDICAL EXAMINATION** form. Be sure the **DATE OF EXAMINATION, DOCTOR’S SIGNATURE, ADDRESS AND PHONE NUMBER** are indicated on form. **A DOCTOR’S STAMP must be placed in the box as requested.** Physicals must be done after June 15 of each year except for students who plan to participate in a summer program or students who are trying out for pep squad in the spring. They must have a physical prior to the summer program or pep squad tryouts.
- b. The parent and student must complete and sign the **STUDENT HEALTH INVENTORY** on the reverse side of the Medical Examination form. **Be sure to complete the Immunizations with dates.**

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- The parent must:
- a. Complete the **MEDICAL INSURANCE DECLARATION** form – found on back of Participation Card and on the third page in the packet.
 - b. **-OR-** Purchase insurance by completing the appropriate forms available in the Principal’s office and making payment to that insurance company. **DO NOT MAIL THE INSURANCE FORMS. THEY MUST BE BROUGHT TO THE OFFICE WHEN TURNING IN YOUR PACKET,** and complete the **MEDICAL INSURANCE DECLARATION** form.
 - c. Parent and student are to read and sign the **RISK FORM FOR ALL SPORTS.**

Parent and student are to read and sign the **LA HABRA HIGH SCHOOL ATHLETIC CODE, the CIF-SS ELIGIBILITY RULES and the “ATHLETE’S CODE OF ETHICS.”** You will also receive a copy of the NCAA rules regarding eligibility requirements to play sports in college.

- The parent and student must:
- a. Complete and sign the **TRANSPORTATION PERMISSION SLIP.**
 - b. Complete and sign the **HEAD INJURY/CONCUSSION INFORMATION PAGE.**
 - c. Complete and sign the **PHOTO/PUBLICITY RELEASE FORM.**

Parent and student are to read and sign the **STEROIDS FORM.**
Parent and student are to read, check the box, and sign the **VOLUNTARY DRUG TESTING FORM.**

Office →

Purchase an **ASB CARD \$35.00** & make **TRANSPORTATION DONATION** in room 120 or room 11B. Make checks payable to **La Habra High School.**

Completed paperwork is to be returned to room 11B to be processed. An incomplete packet will be returned to the student. **NO STUDENT IS TO PRACTICE FOR OR PARTICIPATE IN COMPETITIONS UNLESS THE ATHLETE HAS BEEN CLEARED BY THE OFFICE FOR PARTICIPATION.** If you have any questions, please contact Athletic Director, Frank McCarroll at (562) 266-5060 or the Assistant Principal, Sonje Berg at (562) 266-5008.

This Packet is Valid
June 17, 2011 – June 14, 2012

Fullerton Joint Union High School District
ATHLETIC/PARTICIPATION CARD

School Year: 11-12
Campus: LHHS

Student's Name _____ ID# _____ Participating Grade _____ Birthdate _____
(Last) (First)

Parent's Name _____ Phone (Home) _____ Work _____

Address _____

Sports _____ / _____ / _____

Parent Permission to Participate: _____

If parent(s) unavailable _____

(Address) _____ (Relationship) _____

In Case of Emergency, contact _____ physician, paramedics, emergency room or physician listed to perform necessary medical aid:

Physician: _____ Telephone () _____

School Attended Last Year _____

Medical Alert Information (Allergies, etc.) _____

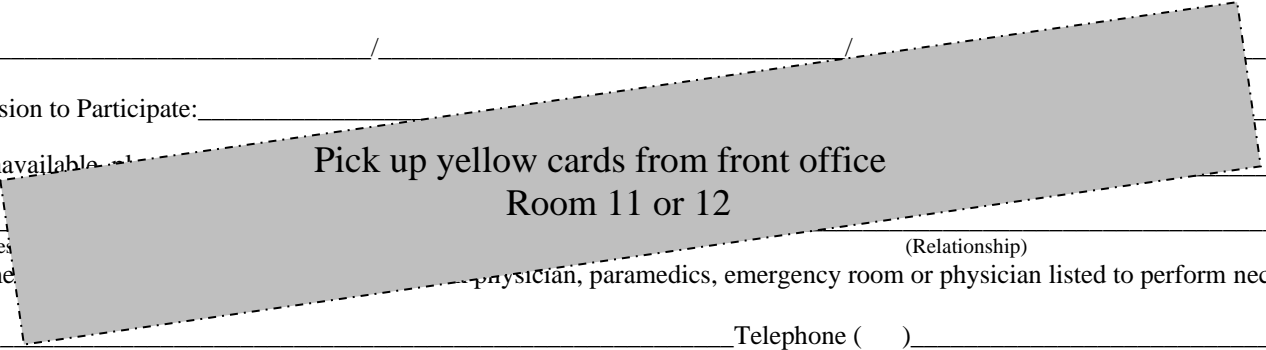
Physical Date _____
Code of Conduct _____

Transportation _____
Steroids _____
Busing _____

ASB Card _____
VDT Participation _____
Administrators Signature _____

OFFICE USE ONLY

(SEE OTHER SIDE)



AUTHORIZATION FOR TREATMENT OF MINOR

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize any hospital or medical center as agent(s) of the undersigned to provide any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general supervision of any physician and surgeon licensed to practice in the state of California, whether such diagnosis or treatment is rendered at the official of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code. This authorization shall remain effective until _____ 20_____, unless sooner revoked in writing delivered to said agent(s).

MEDICAL INSURANCE DECLARATION

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

I am the parent (or guardian) of _____, a minor, who is a member of a school athletic team, and I hereby authorize the school to cover injuries to the minor during the school year. I understand that the school does not provide medical insurance for student injuries but does make voluntary student accident insurance available. I understand that the school does not provide medical insurance for student injuries but does make voluntary student accident insurance available.

Said pupil is to be during the forthcoming school year, covered by insurance which furnishes at least the equivalent protection required by law.

As parent or guardian, I understand that the school does not provide medical insurance for student injuries but does make voluntary student accident insurance available.

Medical Insurance Co. _____ Policy/Group #: _____

Signature of parent/legal guardian _____ Date _____

(See Other Side)

NAME _____ BIRTHDATE _____ BOY GIRL GRADE _____
 (circle one)

SPORT(S) _____ FULLERTON UNION HIGH SCHOOL DISTRICT HEALTH SERVICE OFFICE

RETURN TO: B.P.H.S. F.U.H.S. L.H.H.S. L.V.H.S. S.H.H.S. S.O.H.S. T.R.H.S.

TO THE PRIVATE PHYSICIAN:

Kindly complete this brief medical examination form and indicate assignment in physical education or athletics for this student. This form must have the date of the physical, the examining physician's signature, address and phone number and yes or no checked to indicate the student is or is not healthy enough for all physical activity. The inventory on the back should be completed and signed by the parents prior to the student's visit to the physician, and if filled in accurately, should adequately cover the student's medical history. Completed forms are to be returned to the school by the student along with all other forms required for athletic clearance.

DATE OF EXAMINATION:	IMMUNIZATION	COMPLETE WITH DATES	COMMENTS:
Student's Age _____ Height _____ Weight _____ Vision (Shellen) R 20/ _____ L 20/ _____ Glasses: YES NO Audiometer Test: _____ Type _____ Results: R _____ L _____	Tetanus Polio Vaccine Measles: Rubeola Rubella Mumps	_____ _____ _____ _____ _____	Please place Doctor's Stamp Here ↓
Normal Abnormal		Normal Abnormal	Doctor Information ↓
Eyes _____ Ears _____ Nose _____ Throat _____ Tonsils _____ Oral Hygiene _____ Condition of Teeth _____ Bridgework _____		Dentures _____ General Appearance _____ Skin _____ Glands _____ Lungs _____ Heart Sound _____ Blood Pressure _____ Pulse _____	Date OF EXAM: _____ Athletics: YES NO Signature _____ Address _____ City _____ Phone _____

Pre-participation Physical Evaluation

History

Date _____

Name _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone # _____

Grade _____ Sport(s) _____

Personal Physician _____

Address _____ Physician Phone _____

Explain "Yes" answers below:

	Yes	No
1. Have you ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medications or pills?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees or other stinging insects)?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rashes, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out or unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had heat or muscle cramps?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy or passed out in the heat?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have trouble breathing or do you cough during or after activity?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you use any special equipment (pads, braces, neck rolls, mouth guards, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had any problems with your eyes or vision?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses or contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated Swelling or other injuries of any bones or joints?.....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee		
<input type="checkbox"/> Chest <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle		
<input type="checkbox"/> Hip <input type="checkbox"/> Hand <input type="checkbox"/> Foot		
12. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had a medical problem or injury since your last evaluation?.....	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date _____ Signature of Student/Athlete _____ ←

Signature of Parent/Guardian _____ ←

Parent Printed Name _____ ←

Fullerton Joint Union High School District

Medical Insurance Declaration

Complete either the top OR bottom of this page.

Personal Medical Insurance

Student Name: _____

I, the undersigned, declare as follows:

I am the parent (or guardian) of the above named student, a pupil in attendance (or who will be in attendance) at a school within the Fullerton Joint Union High School District of Orange County, California. I understand that Education Code Sections 3220-3221 require that a member of a school athletic team, or pupil performing duties in connection with a team or athletic event, is to have hospitalization and medical insurance in an amount of at least \$1,500 to cover injuries to pupils preparing for, engaged in, or being transported to such events.

Said pupil is now, and will continue to be during the forthcoming school year, covered by insurance which furnishes at least the equivalent required by law.

As a parent or guardian, I understand that the school does not provide medical insurance for student injuries but does make voluntary student accident insurance available.

Medical Insurance Company: _____

Policy/Group Number: _____

Signature of Parent/Guardian: _____

Date: _____

Myers-Stevens Medical Insurance

Student Name: _____

I am the parent (or guardian) of the above named student, a pupil in attendance (or who will be in attendance) at a school within the Fullerton Joint Union High School District of Orange County, California. I understand that Education Code Sections 3220-3221 require that a member of a school athletic team, or pupil performing duties in connection with a team or athletic event, is to have hospitalization and medical insurance in an amount of at least \$1,500 to cover injuries to pupils preparing for, engaged in, or being transported to such events.

As a parent or guardian, I understand that the school does not provide medical insurance for student injuries but does make voluntary student accident insurance available. I/we **choose to purchase** the student insurance through the Myers-Stevens program. I/we have **completed the application**. My check or money order or charge card **payment information is enclosed**. The application is attached to this packet.

Myers-Stevens Insurance (please check all that apply):

- Student Health Care Plan
- Tackle Football Plan
- Full Time/24 Hour Plan
- School Time Plan
- Dental add-on
- Pharmacy SmartCard add-on

Signature of Parent/Guardian: _____ **Date:** _____

Fullerton Joint Union High School District

Risk Form for All Sports/Participation in Events

I/we are aware that playing or practicing to play in, or participating in any athletic or co-curricular sports (such as dodgeball, power buff, or powder puff) can be a dangerous activity involving many risks of injury. I/we understand that the dangers and risks of playing or practicing to play in any athletic or co-curricular sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the student’s body, general health, and well-being.

I/we understand that the dangers and risks of playing or practicing to play in, or participating in any athletic or co-curricular sports (such as dodgeball, power buff, or powder puff) may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in athletic or co-curricular sports, I/we recognize the importance of following the coaches’ instructions regarding playing techniques, training, and other team rules, etc. and to agree to obey such instruction at all times.

Please list below all athletic or co-curricular sports your student may pursue this year:

In consideration of the Fullerton Joint Union High School District and La Habra High School permitting me/my student to try out for and to engage in all activities related to the team, including but not limited to trying out, practicing or playing/participating, I/we hereby assume all the risks associated with participation. I/we agree to hold the Fullerton Joint Union High School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all kind of liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my/my student’s participation in any athletics or co-curricular sports related to La Habra High School. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I/WE SPECIFICALLY ACKNOWLEDGE THAT ALL HIGH SCHOOL SPORTS CAN BE POTENTIALLY VIOLENT IN CONTACT AND INVOLVE GREAT RISK OF INJURY.

Parent Signature: _____

Student Signature: _____

Date: _____

ATHLETIC CODE

Your participation in interscholastic athletics at La Habra High School is both a PRIVILEGE and a RESPONSIBILITY. It also means that you are a representative of your school. It is your responsibility to maintain athletic eligibility and high standards of citizenship in addition to playing your sport to the best of your ability.

ELIGIBILITY:

1. California Interscholastic Federation (CIF) rules and District Policy define a student's eligibility. CIF condensed eligibility rules are printed on the back of this page. A copy of the academic eligibility requirements established by our District is attached. Read them carefully. Questions regarding eligibility should be directed to the Administration. (Note: The NCAA Freshman Eligibility Rules are also attached for your information).
2. An athlete must attend school for all registered periods on the day of his/her athletic event unless an absence is excused by the Assistant Principal, Student Affairs.
3. A student must meet the academic eligibility requirements established by our District.

CONDUCT AND PERFORMANCE:

In order to maintain athletic eligibility, a student must comply with the rules and regulations of this Athletic Code, the Fullerton Union High School District, La Habra High School, the CIF, and the Freeway League. Failure to do so may result in loss of athletic eligibility for all or part of an athletic season(s). The length of the suspension from athletic participation will be based upon the severity of the infraction and will be determined by the Principal or designee.

1. All student-athletes shall conform to their coach's standards for behavior, appearance, and team rules.
2. An athlete who quits or who is dismissed from one sport may not participate in an overlapping sport unless the first coach honorably releases him/her.
3. School equipment issued to the student is his/her responsibility and the student is expected to keep this equipment in the best of condition. **NO EQUIPMENT FOR ANOTHER SPORT WILL BE ISSUED UNTIL THE PRIOR SPORTS' EQUIPMENT IS TURNED IN OR PAID FOR.**
4. **THE USE OF PROFANE LANGUAGE or ACTS OF VULGARITY** on the practice field or playing field are positively **NOT ACCEPTABLE**. **HAZING** of another student/athlete of any kind, at any time, by any member of any athletic team is strictly prohibited. Student-athletes will not encourage, plan, or participate in any form of hazing, harassing, or initiation activities.
5. A student-athlete who has been subject to administrative action for the use or possession of tobacco, alcohol, or drugs while on campus or at any school event **SHALL BE INELIGIBLE FOR PARTICIPATION** in the athletic program until a fair hearing is held. After the conference, action will be taken which may include one or more of the following: **SUSPENSION FROM SCHOOL, SUSPENSION FROM ATHLETIC COMPETITION, LOSS OF ATHLETIC ELIGIBILITY, TRANSFER TO ANOTHER DISTRICT SCHOOL, POSSIBLE EXPULSION.**
6. Students are **REQUIRED** to report to the appropriate coach during sixth period for the entire semester in which they are enrolled in athletics.

C.I.F. CONDENSED ELIGIBILITY RULES

TO PROTECT YOUR ATHLETIC ELIGIBILITY YOU MUST:

- * Be under 19 years of age prior to September 1
- * Have reached the ninth grade
- * Participate in no more than four seasons of the same sport after enrolling in the ninth grade
- * Be scholastically eligible
- * File an Application for Residential Eligibility 214 if you have transferred to another school without a corresponding **BONAFIDE CHANGE OF RESIDENCE** by your parents. If you transfer from one school to another without a bonafide change of residence by your parents, your eligibility is subject to special rules which may include non-participation at the varsity level
- * Since entering the ninth grade, not be in your ninth semester of attendance
- * Meet citizenship requirements
- * Maintain amateur standing
- * Not have participated in any tryout for a professional team
- * Maintain in your school files an annual physical examination certifying that you are physically fit to try out and/or participate in athletic activities
- * You cannot compete with an outside team during your high school season in the same sport

Section rules and regulations. You are urged to check with **YOUR ADMINISTRATION, ATHLETIC DIRECTOR, or COACH IF YOU HAVE ANY QUESTIONS REGARDING YOUR ELIGIBILITY**. Competing for your school team when you are not eligible will subject your team to forfeiture of contests won. If you are in doubt as to your eligibility status, **CHECK IT OUT BEFORE THE SEASON BEGINS!**

FREEWAY LEAGUE CONDENSED SPORTSMANSHIP REGULATIONS

- * Any athlete who physically assaults a coach, game official, or school official will be suspended from athletics for one calendar year from the date of the infraction.
- * Any athlete involved in an altercation or ejected from a contest as a result of an altercation, will be suspended from the next contest.
- * Any athlete who leaves the "bench/sidelines" to go on the playing area during an altercation will be suspended from the next contest.

DUE PROCESS

Prior to any action which may result in the student's loss of athletic eligibility, a fair hearing shall be held with the student, parents/guardians, and Principal or designee to review all information relevant to the situation, except in cases that involve failure to meet the academic eligibility requirements.

STUDENT/ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, 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 this 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 of 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.

I/We have read the La Habra High School Athletic Code and agree to abide by it both in letter and spirit.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Special Note: The rules and regulations listed on this page represent only a summary of all State CIF and Southern Section Office.

FULLERTON JOINT UNION HIGH SCHOOL DISTRICT
FIELD TRIP RELEASE FORM

***SIGN BOTH
SECTIONS***

Name of Student (print): _____ ID #: _____

Campus: La Habra High School Athletic Activity/Field Trip: Team or Group Participation/Competition, representing LHHS

Location of Field Trip: Various Sites Date(s) of Field Trip: Various depending upon schedule

Place/Time of Departure/Return: Various depending upon schedule

Faculty Member/School Official in Charge: Coach/Advisor

Method of Transportation (check all that may be applicable)

District Bus Commercial Charter

Parent Name: _____ Contact Number(s): _____

In case of emergency I give permission to have medical personnel to treat my student: YES NO _____
(parent signature)

Physician: _____ Telephone: (____) _____

Medical Insurance Co. _____ Policy/Group #: _____

Allergies/Medical History: _____

NOTE TO PARENTS: Students riding the school bus to an activity are expected to return by bus. Any deviation from this rule must be approved by parent and sponsoring teacher prior to the event. Although most of the transportation is done by bus, some events and groups require the use of private cars.

Signature of Parent/Guardian: _____ Date: _____

Phone Number to reach Parent/Guardian: _____

.....
FULLERTON JOINT UNION HIGH SCHOOL DISTRICT
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the athletic program, field trip or excursion, sponsored, planned and directed by the Fullerton Joint Union High School District, for any purpose including, but not limited to, observation, use of facilities or equipment, or participation in any way, the undersigned for himself or herself and any personal representatives, heirs, and next of kin, hereby agrees to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE FULLERTON JOINT UNION HIGH SCHOOL DISTRICT, their officers, employees, board, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss of damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates in the sponsored athletic program, field trip or excursion, sponsored, planned and directed by the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT;
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the athletic program, field trip or excursion, sponsored, planned and directed by the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT;
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while participating in the athletic program, field trip or excursion, sponsored, planned and directed by the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT; and
4. THE UNDERSIGNED IS AWARE THAT PARTICIPATION IN THE ATHLETIC PROGRAM PRESENTS A RISK OF PHYSICAL HARM. The undersigned is also aware that an injury may result while participating in said athletic program. The undersigned is aware of the risk that any part of his body or any of his body systems may be hurt or injured by participating in the athletic program. The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes any and all risks of bodily injury against the Fullerton Joint Union High School District while participating in the athletic program.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE. _____

Signature of Parent/Guardian
Date: _____

Signature of Student
Date: _____

Head Injury and Concussion Information

If your student-athlete has sustained a head injury or concussion, observation in the first 24 hours is vital to determine the possible severity. The following is recommended to be used as a guide after a head injury has been sustained. **If any of the following conditions occur, or if you feel your student-athlete needs further attention, contact your physician IMMEDIATELY or go to the emergency department.** Look for the following:

Reduced Consciousness: Reduced consciousness is the main symptom to watch for. Any decrease in consciousness is important. Some symptoms of reduced consciousness are noted below and should be assessed every 2-3 hours the first night.

Disorientation	Dizziness	Slurred or Incoherent Speech
Memory Loss	Lack of Coordination	Inability to Awake
Inability to Function	Vacant Stare	Poor Concentration
Delayed Verbal Response	Fainting	Lack of Awareness

Eye Changes: Pupils (the black part of the eye) are not equal. Pupils fail to change in size when light is directed at them.

Personality Changes: Irritability, Anxiety or Depression, Confusion, Excessive Emotion.

Nausea and Vomiting: This is often from just the headache, but can be a sign of increased pressure in the head.

Dizziness or ringing in the ear(s): This might be accompanied by nausea and/or loss of balance.

Weakness of limbs or Loss of Coordination: Even subtle changes should be reported.

Drainage of Blood or Clear Fluid From the Ears or Nose: Do not try to stop the flow. Note the color and type of fluid and give this information to the appropriate medical personnel.

Convulsion/ Seizures (Fits): Try to prevent further injury to the student-athlete while he or she is in the altered state.

Home Treatment: Do not take any sedatives or sleeping pills. Do not take aspirin or compounds containing aspirin. Do not take products containing ibuprofen such as Motrin, Advil, or Nuprin. No physical activity. If the student-athlete's stomach is upset, watch what s/he eats and drinks for the next 24 hours. Do not drive or operate a device that could harm your student-athlete if s/he is not alert. Do not lie flat (sleep with two pillows so the student-athlete's head is elevated).

Head Injury/Concussion Policy: Once a physician, the trainer, the team doctor, or a member of the La Habra High School staff has determined a head injury/concussion, your student-athlete is to be excused from any physically exertive activities for a minimum of seven days. These seven days begin once the student-athlete no longer has any signs or symptoms of a head injury/concussion. At the conclusion of the seven days, the student-athlete will be put through an exertion test. If the student-athlete continues to have no signs or symptoms of a concussion following the exertion test, s/he will be cleared to full activity. If signs and symptoms return, the student-athlete will be placed on an additional seven-day rest period. This is to ensure healing of the brain. If a student-athlete has three confirmed head injuries/concussions within a one year period, s/he is required to be excused from any physical activity for an entire year.

I/We have read the La Habra High School Athletic Code and agree to abide by it both in letter and spirit.

Student Signature: _____ ← _____ Date: _____

Parent Signature: _____ ← _____ Date: _____



LA HABRA HIGH SCHOOL

NATIONAL BLUE RIBBON SCHOOL
CALIFORNIA DISTINGUISHED SCHOOL
GOLDEN BELL PROGRAM SCHOOL

801 W. HIGHLANDER AVENUE, LA HABRA, CALIFORNIA 90631
Tel. No. (562) 266-5000 Fax No. (562) 691-8280

George J. Giokaris, Ed.D.
Superintendent

Karl R. Zener, Ed.D.
Principal

2011-2012 Photo/Publicity Permission Form

The Fullerton Joint Union High School District is known for its outstanding and talented students, and from time to time the district would like to publicize their achievements for the purpose of positive public relations. Because these events are usually on a spur-of-the-moment basis, we are requesting parental permission for the 2010-2011 school year rather than on a case-by-case basis.

Please complete and sign the form below and return it to La Habra High School.

_____ I **give** my permission for _____ to be featured in district-issued publicity, including district publications, district website, booster website, La Habra High School marquee, and announcements to the media.

_____ I **do not give** my permission for _____ to be featured in district-issued publicity, including district publications, district website, booster website, La Habra High School marquee, and announcements to the media. _____ However, I **do give** permission for my student to be included in yearbook, honor roll, and other school-issued publicity.

Parent/Guardian Signature _____ Date _____

Fullerton Joint Union High School District
AGREEMENT FOR STUDENT/ATHLETE AND PARENT/GUARDIAN
REGARDING USE OF STEROIDS

Print Student Name and ID: _____

Directions: As a condition of membership in the California Interscholastic Federation (CIF), the Board of Trustees of the Fullerton Joint Union High School District has adopted Board Policy 5132 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, I/we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

I/We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to CIF.

I/We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

Signature of Student Athlete	Date	Signature of Parent/Guardian	Date
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Fullerton Joint Union High School District
Voluntary Drug Testing Form

Dear Parents:

For several years, La Habra High School has offered a voluntary drug testing program to parents and students. The testing program is funded in part by funds from a federal grant.

Here's how it works. Names of students who sign up for the Voluntary Drug Testing program are placed in a pool from which names are drawn at random each month. These students are discreetly administered urine tests which are sent to Westcliff Medical Laboratories which analyzes each specimen to determine the presence or absence of a variety of drugs. **Positive test results are reported directly and confidentially to the parent/guardian by the physician.** La Habra High School does not find out the results of the test—only the parents/guardians find out if the test comes back positive.

The program is not designed to keep students out of athletics or other school activities. The school will have no knowledge of the test results. Test results will be reported directly and confidentially to the parent/guardian without the knowledge of school officials. Any problem that will surface will be resolved by the parent and student.

If you and your student are interested in participating in this program, please check the appropriate box below. **Either way, you need to sign and date this section of the Voluntary Drug Testing Form.**

Check appropriate box:

Yes, I wish to participate in the Voluntary Drug Testing program.

No, I do not wish to participate in the Voluntary Drug Testing program.

Signature of Student	Date	Signature of Parent/Guardian	Date
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NCAA FRESHMAN ELIGIBILITY RULES

The information in this article is designed to provide a basic understanding of the provisions of NCAA Bylaws 5-1 (j) and 5-6 (b) (sometimes referred to as "Proposal no. 48"), which takes effect in 1986. A student entering college in the fall of 1986 must meet certain, specified requirements to be eligible for financial aid awarded by an institute or to practice and complete on an intercollegiate team during the first year of attendance. After the first academic year, a student may become eligible for financial aid, practice and competition by being a regularly enrolled, degree-seeking student in good standing and by maintaining satisfactory progress toward a degree in accordance with institutional, conference and NCAA regulations.

Two points about the new requirements should be emphasized:

1. These new requirements will not apply to Divisions II and III institutions, where eligibility for financial aid, practice and competition will continue to be governed by institutional, conference and other NCAA regulations.

2. This legislation establishes a minimum standard only for athletics eligibility; it is not a guide to a student's qualifications for admission to the institution. Under NCAA legislation, a student's admission is governed by the regularly established entrance requirements of each member institute.

Finally, please keep in mind that *both* a minimum test-score requirement and the completion of a basic core curriculum are components of the legislation. Considerable attention has been focused on the standardized test-score element. We believe insufficient attention has been directed toward the core-curriculum requirement. Current high school students should proceed on the basis of meeting the existing standards.

JOHN L. TONER

President

JOHN R. DAVIS

Secretary-Treasurer

In January 1983, NCAA Division I member institutes voted to amend NCAA Bylaw 4-1-(j) (sometimes known as the "2.000 rule"). This bylaw defines the requirements that must be met to participate in intercollegiate athletics and receive athletically related financial aid as a freshman. Beginning August 11, 1986, the following requirements will be in effect:

"A qualifier as used herein is defined as one who is a high school graduate and at the time of graduation from high school presented an accumulative minimum grade-point average of 2.000 (based on a maximum of 4.000) in a core curriculum or at least 11 academic courses including at least three years in English, two years in mathematics, two years in social science

and two years in natural or physical science (including at least one laboratory class, if offered by the high school) as certified on the high school transcript or by official correspondence, as well as a (minimum) 700 combined score on the SAT verbal and math sections or a (minimum) 15 composite score on the ACT."

The NCAA Eligibility Committee may grant an exception to these new requirements for a student who left high school after completion of the junior year or during the senior year to enter a member institution under an early-admissions program open to students solely on the basis of outstanding academic performance and promise. An exempted student must have maintained a 3.500 grade-point average for the last four semesters completed in high school and must have ranked in the top 20 percent of the class. In addition, all requirements of a qualifier must be met except graduation from high school.

An additional change was adopted relating to a student who enters college and has been recruited but has not met the test-score and core-curriculum standards. The student may not practice or compete but may receive financial aid based on institutional and conference regulations if the student is a high school graduate and has an overall high school grade-point average of 2.000. However, if financial aid is awarded under this provision, the student must forfeit one year of eligibility (of the four normally permitted) for intercollegiate competition.

For the purposes of meeting the core-curriculum requirement, a "core courses" is defined as a recognized academic course (as opposed to a vocational or personal-services course) that offers fundamental instructional components in a specified area of study. Courses that are taught at a level below the high school's regular academic instruction level (e.g., remedial, special education or compensatory) shall not be considered as core courses regardless of course content.

English – Core courses in English shall contain instructional elements in the following areas: grammar, vocabulary development, composition, literature, analytical reading or oral communication.

Mathematics – Core courses in mathematics must be designed to develop a student's basic ability to formulate and solve mathematical problems in courses such as: mathematics, geometry, algebra, trigonometry, statistics or calculus.

Social Science – Core courses in social science shall include offerings in history, social studies, economics, geography, psychology, sociology, government, political science or anthropology.

Natural or Physical Science – Core courses in natural or physical science shall include biology, chemistry, physics,

environmental science, botany or geology. In addition, students must complete at least one laboratory class, if offered by the high school.

Additional Core Courses – The two remaining years of additional academic credit must be from courses attempted in English, mathematics, social science, natural or physical science, foreign language, computer science, speech, religion, or philosophy.

The grade values listed below are to be used in determining a student's grade-point average in the core courses:

A - 4 quality points

B - 3 quality points

C - 2 quality points

D - 1 quality points

F - 0 quality points

Grade-point average –

Sum of quality points

X

Credits for course

Total credits completed

Pluses or minuses within a grade level shall not receive greater or lesser quality points. Grades earned in courses taught at the advanced-placement level and awarded additional quality points by the high school, however, shall receive one additional quality point per grade level.

QUESTION No. 1.: Who makes the decision as to whether a particular course qualifies as a core course?

ANSWER: The decision is made by the principal of the high school from which the student graduated.

QUESTION No. 2: The core curriculum specifies only nine of the 11 required courses. What about the remaining two courses?

ANSWER: The other two courses can be by additional courses in the four specific subject areas (English, science, math, social science) or academic courses such as foreign language, computer science, speech, religion or philosophy.

QUESTION No. 3: If a student-athlete takes more than 11 academic courses that meet the requirements of this regulation, what courses are included in calculating the grade-point average?

ANSWER: To encourage a student to take as many academic courses as possible, the core-curriculum grade-point average will be calculated using the student's 11 best grades from courses that meet the distribution requirements of the core curriculum.

If you have any questions about this material, please write:

NCAA Legislative Services

P.O. Box 1906

Mission, Kansas 66201



LA HABRA HIGH SCHOOL

NATIONAL BLUE RIBBON SCHOOL
CALIFORNIA DISTINGUISHED SCHOOL
GOLDEN BELL PROGRAM SCHOOL

801 W. HIGHLANDER AVENUE, LA HABRA, CALIFORNIA 90631
Tel. No. (562) 266-5000 Fax No. (562) 691-8280

George J. Giokaris, Ed.D.
Superintendent

Karl R. Zener, Ed.D.
Principal

Dear Parents and Students:

As required by California Law, our Board of Trustees has adopted academic eligibility standards for participation in extracurricular activities. Please review the information in this letter carefully if you are interested in participating in extracurricular activities here at La Habra High School. These academic requirements do not apply to summer activities.

This policy affects the following groups of students: student-athletes and pep unit members, i.e., mascots, song leaders, and yell leaders.

Briefly, here is a summary of the new requirements:

1. Athletes and pep unit members, i.e., mascots, song leaders, and yell leaders must have a minimum 2.0 unweighted grade point average (GPA) in order to participate. This is not a cumulative GPA—it is the GPA from the preceding quarter grading period.
2. In addition to the requirements established by our District, student-athletes must meet CIF eligibility requirements.
3. Students must have satisfactory citizenship. The citizenship requirement states that a student may have no more than two N/U (Needs Improvement/Unsatisfactory) marks on the report card and/or no more than two incidents of disciplinary referral/action in one quarter to the school administration in which the incidents are codified in writing.
4. There is a one-time only probation period. This period is one quarter in length, and students may participate while on probation. If the student does not achieve an unweighted GPA of at least 2.0 at the end of the quarter probationary period, he or she becomes ineligible and does not become eligible until achieving the required GPA in a succeeding quarter.
5. Students must pass and earn full credit in at least five classes during the previous quarter.
6. Students who wish to participate in a school activity must attend all of their classes on the day of activity unless the absence received prior written administrative approval.
7. Summer school grades shall be added to the fourth quarter grades to determine eligibility for the first quarter of the upcoming school year only, at the written request of the student and parent(s) submitted to the Assistant Principal, Student Affairs not later than the first day of school for students in September.
8. There is an appeals process if a student is placed on probation or declared ineligible.
9. It is the responsibility of the student to be aware of the eligibility requirements. It is the responsibility of the principal or designee to notify the student/parent when the student has failed to meet the requirements.

If you have questions about eligibility, please call my office at (562) 266-5008.

Sincerely,

Mr. Sonje Berg
Assistant Principal, Student Affairs