



August 7, 2017

Dear Sea King Families,

Palos Verdes High School is fortunate to have the strong support of our parents and community. Our parents have contributed financially to our school to support our programs and participation donations have been a major source of financial support.

The suggested participation donations for the upcoming school year continue to be calculated based on the number of students participating in the activities, the events scheduled for the activities, the cost of officiating, competition fees and transportation. Each activity will have a different suggested amount based on these variables. While the suggested participation donation is not mandatory, it is needed in order to keep all activities and clubs at current levels.

Please be assured that the participation donation, whether made or not made, and/or the amount of said donation is completely confidential. The coaches/advisors do not have access to the names of the families who have contributed or have not contributed; only the bottom line of the collected amount is revealed to the coach/advisor in order that he/she can make financial decisions regarding his/her program(s).

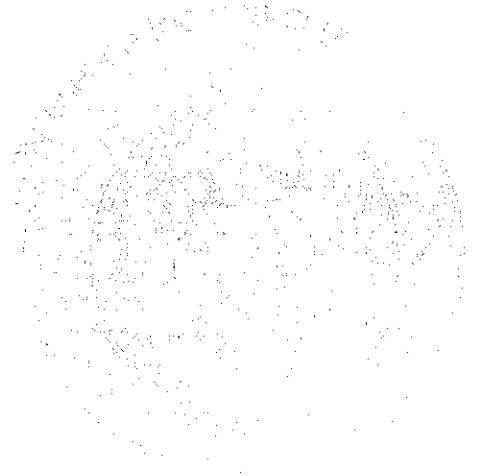
Donations are purely voluntary, and no student will be denied access to or participation in any sport or extracurricular activity, or penalized in any way, based on whether or not his/her family chooses to make a donation or portion of any such donation.

Please make checks payable to PVHS and turn them in to the Student Store along with the athletic or extracurricular program clearance packets.

Thank you for continuing to support of the programs at Palos Verdes High School. I look forward to a successful upcoming school year. Go Sea Kings!

Sincerely,

Dr. Charles Park



**Palos Verdes High School  
Participation Donation Amounts  
2017-2018**

**ATHLETICS**

**EXTRA & CO-CURRICULAR ACTIVITIES**

|           |  |           |  |
|-----------|--|-----------|--|
| \$ 575.00 | Football<br>Girls Basketball<br>Boys Basketball<br>Baseball<br>Softball    | \$ 200.00 | Speech & Debate<br>Academic Decathlon  |
| \$ 525.00 | Girls Water Polo<br>Boys Water Polo<br>Girls Volleyball<br>Boys Volleyball | \$ 175.00 | Drama<br>Model United Nations  |
| \$ 475.00 | Girls Lacrosse<br>Boys Lacrosse  | \$ 125.00 | AVID<br>Mock Trial<br>Jazz Band<br>Orchestra                                   |
| \$ 400.00 | Girls Golf<br>Boys Golf  |           |  |
| \$ 375.00 | Girls Tennis<br>Boys Tennis<br>Girls Soccer<br>Boys Soccer                 | \$ 75.00  | Choreo<br>Math<br>PVIT<br>Science Bowl<br>Science Olympiad<br>Science Research |
| \$ 325.00 | Boys & Girls Swimming<br>Boys & Girls Track<br>Song<br>Cheer               |           |  |
| \$ 275.00 | Boys & Girls Cross Country<br>Marching Band<br>Colorguard<br>Drumline      |           |  |
| \$125.00  | Surf Team  |           |  |

**Students who are unable to make a participation donation will not be denied  
the right to participate**

7/6/2017

# Why join the PVHS Booster Club?



Take a look around campus, and you'll see the power of Booster Club contributions...

- Brand new Stadium Field Turf
- New professional-grade upper and lower dance floors
- Jumbo athletic lockers in both the boys and girls locker rooms
- Highly trained teachers and staff who attend important conferences and competitions
- School supplies and equipment, funding for plays and performances, student field trips and much more



To provide a top-notch college prep experience to our students in a public school context takes tremendous commitment from our entire community. In collaboration with PTSA and PEF, the PVHS Booster Club plays a critical role in making that happen. Our mission is to support and promote the 3 A's – Academics, Arts, and Athletics – as well as other PVHS extracurricular activities. Our objective is to enrich the PVHS student experience and community at large by providing financial support in areas not covered by the PVPUSD budget. **For example, students greatly benefit from off-season coaching and athletic trainers who are not funded by participation donations, ASB, or the district but by the **Booster Club**.**

All of your donations stay right here on the PVHS campus and you may designate any contribution above the \$200 Basic Level to any Academic, Arts, or Athletics program of your choice.

We thank you for your support – Go Sea Kings!

Michael Thomas  
President, PVHS Booster Club

## **JOIN TODAY!**

[www.pvboosterclub.com](http://www.pvboosterclub.com)

*follow us on Twitter @pvhsbooster*  
*friend us on Facebook at PVBoosterClub*

## **Arts, Athletics & Academics since 2002**



PALOS VERDES PENINSULA



UNIFIED SCHOOL DISTRICT



Palos Verdes High School  
Emergency Information  
(ACTIVITIES/NON-ATHLETIC)

NOTE: A new form must be completed at the beginning of each year and must be on file before students participates in any school activities.

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Activity \_\_\_\_\_ Date \_\_\_\_\_

Parents: The information requested below is necessary in the event injury occurs while away from school or outside regular school hours. Please be as specific as possible.

Home Address \_\_\_\_\_ Student's Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

History of allergies, injuries, heart, or other medical problems: \_\_\_\_\_

Parent/Guardian Primary Language \_\_\_\_\_

I hereby give my permission for the administration of emergency first aid to the above student

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

Palos Verdes Peninsula Unified School District



**Athletic/Activity Report**

(Forgery of these forms will result in disciplinary action by the Associate Principal)

Sport/Activity

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
 Last Name (print)                                      First Name (print)                                      Grade                                      Boy/Girl                                      Sport

\_\_\_\_\_  
 Address                                      City/Zip Code                                      Home Telephone Number

\_\_\_\_\_  
 Age                                      Birthdate                                      Month and year started ninth grade

\_\_\_\_\_  
 Did you transfer from another high school?      If so, what date?      List name, city, and state of the high school that you transferred from.

**Insurance Requirements**

California Law (*Education Code §§ 32220-32224*) requires every member of an athletic team to have at least \$1,500 medical and hospital coverage.

I ALREADY HAVE INSURANCE for my son/daughter which meets the requirements of California Law. The name of my insurance company is \_\_\_\_\_ and the policy number is \_\_\_\_\_. I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

**School Insurance**

**Myers/Stevens Insurance Company**

I am purchasing Myers/Stevens insurance and returning the Myers/Stevens envelope with the Athletic Packet so the school can send it to the company. I am purchasing the following coverage: (check the appropriate coverage.)

- |  |                                       |     |      |                                    |     |     |      |
|--|---------------------------------------|-----|------|------------------------------------|-----|-----|------|
| <input type="checkbox"/> Tackle Football (covers only tackle football) | <input type="checkbox"/> School Time  | Low | Med  | High                               |     |     |      |
| <input type="checkbox"/> Full Time                                     | Low                                   | Med | High | <input type="checkbox"/> Full Time | Low | Med | High |
| <input type="checkbox"/> Student Health Care Payment Plan              | <input type="checkbox"/> Extra Dental |     |      |                                    |     |     |      |

**Athletic Commitments and Responsibilities**

I have read and understand the following sections of the Athletic Packet:

- Academic Eligibility Standards
- Athletic/Activity Code of Conduct
- District Letter Regarding Insurance Coverage
- Code of Ethics -Athletes
- Emergency Card
- Physical Form
- Student Insurance
- Transportation Fee Letter
- Medical Treatment Authorization-Waiver, Release, and Indemnity Agreement

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

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
 MEDICAL TREATMENT AUTHORIZATION  
 WAIVER, RELEASE AND INDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY SPORTS OR NON-SPORTS PROGRAM**

Participant: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ Name of School: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Transportation provided by District       Transportation is parent responsibility

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary as part of the PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT (District) sports or non-sports program. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

|  |  |
|--|--|
|  | Participant has no special health needs the staff should be aware of, and no medication is required. |
|  | Participant has a special need, and instructions are attached. Number of attached pages: _____       |
|  | Other: _____   |

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

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

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Name (Please Print)

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Health Plan

\_\_\_\_\_  
 Street Address      City      State      Zip Code

Plan # \_\_\_\_\_

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
WAIVER, RELEASE AND INDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY ACTIVITY/PROGRAM**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Description of Activity/Program: \_\_\_\_\_

Date(s) of Activity/Program: \_\_\_\_\_

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary and is not a mandated requirement of the Palos Verdes Peninsula Unified School District's (District) curriculum or extra curricular program. I further acknowledge that no supervision is being provided by the District and that the District assumes no responsibility for any transportation arrangements. The undersigned is specifically aware, and confirms by executing this document that they are aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the Palos Verdes Peninsula Unified School District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide medical coverage for participants in this activity.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

Principal / Designee Signature \_\_\_\_\_



**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**  
**ATHLETIC AND CO-CURRICULAR CODE OF CONDUCT**

Students and parents shall be informed that a student who competes in athletics or participates in extra and co-curricular activities are held to specific standards of conduct and citizenship per Board Policy 6145 and 6145.2. These standards apply throughout the school year. In conjunction with discipline imposed after exhausting all available due process, students will be subject to the following:

**VIOLATIONS OF THE CODE**

- A. Violations involving drugs, alcohol, and/or drug paraphernalia may result in an out of school suspension and students are not allowed to participate in athletics and any other school activities during the suspension. The student will also be recommended to attend "The Outlook Program," which is an educational approach to substance abuse. Athletes may also receive a suspension from participation in sports activities and contests.
- B. Referring to Ed Code 48900 (A-E) infractions, the following consequences may be enforced if the violation occurs during an season of the sport or activity:
  - 1<sup>st</sup> Offense: Student misses any contest while serving an out of school suspension
  - 2<sup>nd</sup> Offense: An out of school suspension and four weeks social probation (student may not participate in any extracurricular or athletic events)
  - 3<sup>rd</sup> Offense: An out of school suspension and eight weeks or removal from the remainder of the sport/activity season involved depending on which is greater.
- C. Any expellable violation (Category 1 or 2) of the "The Safe School Policy" may result in an expulsion or transfer of the student and/or referral to law enforcement.

I have read and understand the above written code of conduct.

\_\_\_\_\_  
Student Name (Printed)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Printed)

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

\_\_\_\_\_  
Date





PALOS VERDES PENINSULA



UNIFIED SCHOOL DISTRICT



Palos Verdes High School

**Code of Conduct**

**Agreement for Activities Participation**

**(NON-ATHLETIC)**

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Activity \_\_\_\_\_ Date \_\_\_\_\_

*The Board of Education recognizes that extracurricular and co-curricular activities enrich the educational and social development and experiences of students. The district shall encourage and support student participation in extracurricular and co-curricular activities without compromising the integrity and purpose of the educational program (BP 6145).*

*The Board of Education believes that all students have the right to be educated in a positive learning environment free from disruptions. Students shall be expected to exhibit appropriate conduct that does not infringe upon the rights of others or interfere with the school program while on school grounds, while going to or coming from school, while at school activities, and while on district transportation (AR 5131).*

**PVHS CODE OF CONDUCT FOR STUDENTS**

**PVHS** students should demonstrate high standards of ethics and promote the development of good character and other important life skills. The highest potential is achieved when participants are committed to pursuing success in school activities according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This code applies to all students involved in activities in PVHS. I understand that, in order to participate in high school activities, I must act in accord with the following (derived from PVPUSD policy 6145E):

**TRUSTWORTHINESS**

**Trustworthiness** - be worthy of trust in all I do.

**Integrity**-live up to high ideals of ethics

**Honesty**-do not lie, cheat, steal or engage in any other dishonest conduct

**Reliability**-fulfill commitments; do what I say I will do; be on time to activities

## RESPECT

**Respect**-treat all people with respect all the time and require the same

**Disrespectful Conduct**-don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, or other actions that demean individuals

**Respect Staff**-treat staff with respect

## RESPONSIBILITY

**Importance of Education** - be a student first and commit to getting the best education I can

**Role-Modeling** - Remember, participation in activities is a privilege, not a right and that I am expected to represent my school, teachers and peers with honor. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration.

**Self-Control** - exercise self-control

**Healthy Lifestyle** - safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs

## FAIRNESS

**Be Fair** - live up to high standards of fair play; be open-minded; always be willing to listen and learn.

## CARING

**Concern for Others** - demonstrate concern for others

**Peers** - help promote the well-being of peers by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to staff

## CITIZENSHIP

**Follow directions** - maintain a thorough commitment to follow directions at all times

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not. Participation in PVHS Activities requires that I follow all school rules and policies at all times.

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Printed Name of Student

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Signature of Student

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Date

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

---

Date