



Galt Joint Union High School District

ATHLETIC DEPARTMENT

SPORTS PHYSICAL PACKET

For All Schools – Galt High, Liberty Ranch High, Estrellita High

ATHLETE AND PARENTS

PLEASE READ AND SIGN
ALL ATTACHED DOCUMENTS!

PHYSICALS MUST BE DONE BY A DOCTOR!
DOCTOR'S SIGNATURE MUST BE ON
ATTACHED FORM
(NO FAXES OR COPIES)

This school district does not accept any form of discrimination harassment, intimidation, or bullying, based on actual or perceived characteristics of race or ethnicity, color, ancestry, nationality, national origin, ethnic group identification, age, religion, political affiliation, marital or parental status, mental or physical disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made. If you need a reasonable accommodation to participate in the hiring process, Galt Joint Union High School District will provide you with one upon notice. Direct any complaints to: Director of Student Services, 12945 Marengo Rd, Galt CA, (209) 745-0249.

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Students – Read Below!

BEFORE you turn in this packet to the office at your high school, you must complete the following:

- The Doctor completed and signed my Sports Physical Examination Form A Page 1
- My Parent, completed and signed the Concussion and Head Injury Information. Form B Page 2
- I read and signed the Concussion and Head Injury Information Form C Page 2
- My parent completed and signed the Agreement for Team Participation D Page 3-4
- I read and signed the Agreement for Team Participation Form E Page 4
- I read and signed the Code of Conduct Form F Page 5
- I read and checked the box on the Transfer Information Form G Page 6
- I read and understood the Athletic/Cheerleader Participation Policy Form H Page 7-8
- My Parent completed and signed both Emergency Information Cards I Page 9
- My Parent put my Insurance Company and Policy # on **both** Emergency Information Cards J Page 9

We have completed and checked off all of the above items and the packet is ready to be processed:

Student Print Name: _____ Student Signature: _____ Date: _____

Parent Print Name: _____ Parent Signature: _____ Dale: _____

Parent Phone for Contact: _____ Parent E-mail for Contact: _____

This packet WILL NOT be processed unless ALL boxes are checked and BOTH signatures are on this cover page,
PROCESSING REQUIRES AT LEAST 2 DAYS.

GALT JOINT UNION HIGH SCHOOL DISTRICT SPORTS PHYSICAL EXAMINATION FORM

PART 1 (TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN)				
Last Name		First Name		Grade
Birthdate	Fall Sport	Winter Sport	Spring Sport	Student ID Number

PART 1 HEALTH HISTORY (MUST BE COMPLETED BY PARENT /GUARDIAN PRIOR TO EXAMINATION)				
	Yes	No		
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?	16. <input type="checkbox"/> <input type="checkbox"/> Injuries requiring medical care or treatment?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?	17. <input type="checkbox"/> <input type="checkbox"/> Neck or back pain or injury?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations or Surgeries?	18. <input type="checkbox"/> <input type="checkbox"/> Knee pain or injury?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, psychiatric, or neurologic condition?	19. <input type="checkbox"/> <input type="checkbox"/> Shoulder or elbow pain or injury?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Loss or nonfunctioning organs (eye, kidney, liver, testicle) or glands?	20. <input type="checkbox"/> <input type="checkbox"/> Ankle pain or injury?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?	21. <input type="checkbox"/> <input type="checkbox"/> Other joint pain or injury?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?	22. <input type="checkbox"/> <input type="checkbox"/> Broken bones (fractures)?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or significant or severe shortness of breath during or after exercise?	<u>Yes No</u> Does this student presently:
9.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?	23. <input type="checkbox"/> <input type="checkbox"/> Wear eyeglasses or contact lenses?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?	24. <input type="checkbox"/> <input type="checkbox"/> Wear dental bridges, braces, or plates?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Potential concussion or loss of consciousness?	25. <input type="checkbox"/> <input type="checkbox"/> Take any medications? (List below)
12.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problem's managing or responding to heat?	<u>Yes No</u> Further history:
13.	<input type="checkbox"/>	<input type="checkbox"/>	Racing heartbeat, skipped or irregular heartbeats, or heart murmur?	26. <input type="checkbox"/> <input type="checkbox"/> Birth defects (corrected or not)?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures or seizure disorders?	27. <input type="checkbox"/> <input type="checkbox"/> Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Severe or repeated instances of muscle cramps?	28. <input type="checkbox"/> <input type="checkbox"/> Parent or grandparent requiring treatment for heart condition less than 50 years of age?
				29. <input type="checkbox"/> <input type="checkbox"/> Been seen by a physician on an emergency or urgent basis in the last 12-months?

Date of last known tetanus (lockjaw) shot: _____ Date of last complete physical exam: _____
 Explain all "Yes" answers. Describe any other fact that should be disclosed prior to the examination (use the reverse side of the form if needed).

PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be performed by District volunteers, I understand this evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider.

PRINT NAME OF PARENT OR GUARDIAN		SIGNATURE OF PARENT OR GUARDIAN		
ADDRESS		WORK PHONE	HOME PHONE	DATE
REGULAR PHYSICIAN'S NAME		OFFICE PHONE		

PART 2 MEDICAL EVALUATION (TO BE FILLED OUT BY THE EXAMING HEALTH CARE PROVIDER)			
This examination Can Only Be Performed by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP)			
	NORMAL	ABNORMAL(Describe)	May be contained on Provider's Form
Eyes/Ears/Nose/Throat			Height Weight
Heart, lungs, pulmonary function			Pulse After Exc.
Abdomen, genital/hernia (males)			BP
Skin and Musculoskeletal:			Recommendation
a. Neck/Spine/Shoulders/Back			<input type="checkbox"/> Unlimited participation
b. Arms/Hands/Fingers			<input type="checkbox"/> Limited participation/specific sports, events or activities
c. Hips/Thighs/Knees/Legs			<input type="checkbox"/> Clearance withheld pending Further testing/evaluation
d. Feet/Ankles			<input type="checkbox"/> No athletic participation
Neurologic Screening Exam (NSE)			One of the above MUST be checked
Concussion Screening Evaluation (only if needed based on above info)			
Comments			

PRINT NAME OF PHYSICIAN	PHYSICIAN'S SIGNATURE	DATE
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A

Original must be held for a period of one (1) year after the end of the Academic Year.



CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:		Address:	
Grade:		Telephone:	
School	School Year:	DOB:	

Pursuant to Education Code Section 49475, before a Student may try--out, practice, or compete in any District sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports, MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____ Dated: _____

Student _____ Adult _____

B

Signature _____ Signature _____

C

Original to be held on file for a period of one (1) year after the end of the Academic Year



AGREEMENT FOR TEAM PARTICIPATION

(Including Waivers and Releases of Potential Claims)

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities
Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

D

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

Student:	Address:
Grade:	DOB:
School:	Telephone:
Team(s):	

In consideration of the Student's ability to participate on a Team (including any Sport, Cheerleading, Dance, or Marching Band, including tryouts, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities ("Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.
2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).
3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic end/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.
4. Team Activities contain potential risks of harm or injury, including harm or injury that may "lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated, actual or potential physical conditions or injuries, whether or not caused, or related to the Students participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further undemand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is Immunity from liability pursuant to Education Code section 35330.
5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief; and notify a parent or guardian of the Student's belief. The parent or guardian shall there after prevent the Student from participating In the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.
6. Emergency medical information regarding the Student is on file with the District and is current The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities, If an injury or medical emergency

occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or procedures, and/or to provide anesthetic care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49401).that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these- programs may be obtained by calling the School. Education Code Section 32221 requires that such Insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1.500; or (c) at least \$1.500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/Medical. If this option is selected, please provide _____ (Name of Insurer/Provider) and _____ (Policy number/identifying number), _____ (list coverage dates or "continuous"). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221.

Option2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District (please contact the District to gain additional information regarding this program). If you are financially unable to pay for such insurance, a payment waiver can be submitted (forms seeking this waiver are also available from the District) and, if no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide the required coverage.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without, reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was crafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERANT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian _____ Signature _____ Date _____
D

As the Student, I understand and agree to all of the obligations placed on me by this Agreement.

Printed Name of Student _____ Signature _____ Date _____
E



GALT JOINT UNION HIGH SCHOOL DISTRICT

CODE OF CONDUCT FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship (the "Six Pillars of Character"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. *Trustworthiness* - be worthy of trust in all I do.
 - Integrity – live up to high ideals of ethics and sportsmanship and always pursue victory with honor, to do what is right even when it's unpopular or personally costly.
 - Honesty – live and compete honestly; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
 - Reliability – fulfill commitments; do what I say I will do; be on time to practices and games.
 - Loyalty - be loyal to my school and team; put the team above personal glory.

RESPECT

2. *Respect* - treat all people with respect all the time and require the same of other student-athletes.
3. *Class* - live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performances, show sincere respect in pre-and post-game rituals.
4. *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, boastful celebrations, or other actions that demean individuals or the sport.
5. *Respect Officials* - treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. *Importance of Education* - be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. *Role-Modeling* – Remember, participation in sports is a privilege not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. 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.

8. *Self-Control* – exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

9. *Healthy Lifestyle* – safeguard your health; don't use any illegal or unhealthy substances including alcohol tobacco or drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

10. *Integrity of the Game* - protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

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

CARING

12. *Concern for Others* - demonstrate concern for others; never intentionally injure my player or engage in reckless behavior that might cause injury to myself or others.

13. *Teammates* - help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

14. *Play by the Rules* - maintain a thorough knowledge of and abide by all applicable game and competition rules.

15. *Spirit of Rules* -honor the spirit and the *letter* of rules; avoid temptation to gain competitive advantage through improper gamesmanship techniques that violate the highest tradition of sportsmanship.

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.

Student-Athlete Signature _____

Date _____

F

TRANSFER INFORMATION

ALL STUDENTS must check one of the boxes below.

- I have only attended Galt High School for my entire high school education.
- I have only attended Liberty Ranch High School for my entire high school education.
- I have attended another high school during my school education. (*Must put information below*)

RESIDENCE OF ATHLETE

What school did you attend last semester?

What school did you attend last year?

Will student be living in any residence other than that of the parent, during the school year? _____ Yes _____ No

If you checked **No** to the above question no other information *is* required.

If you checked **Yes** to the above question, fill out the information below:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Should a change in residence be necessary during the school year, the parent/guardian must notify the Athletic Director and Guidance Office.

TRANSFER STUDENT

If the athlete transferred from another school, list:

Date of transfer: _____ School Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

What competitive sport(s) did you participate in? _____

FOREIGN EXCHANGE STUDENT

Foreign Exchange Program: _____

This school district does not accept any form of discrimination harassment, intimidation, or bullying, based on actual or perceived characteristics of race or ethnicity, color, ancestry, nationality, national origin, ethnic group identification, age, religion, political affiliation, marital or parental status, mental or physical disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made. If you need a reasonable accommodation to participate in the hiring process, Galt Joint Union High School District will provide you with one upon notice. Direct any complaints to: Director of Student Services, 12945 Marengo Rd, Galt CA, (209) 745-0249.

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GALTJOINT UNION HIGH SCHOOL DISTRICT ATHLETIC/CHEERLEADER PARTICIPATION POLICY

STATEMENT:

H

The athletic/cheerleading programs in the GJUHSD are an important and integral part of the total school program and are open to participation to all qualified students. It should be understood that athletic/cheerleading participation is a privilege and you are representing the District in all of the sporting events, therefore, you need to accept the training rules set forth by your coach, the rules of conduct, the rules of the sport, and the responsibilities which are unique to an athletic program.

GUIDELINES:

1. An annual sports physical by a licensed Medical doctor.
2. Grades: 2.00 G.P.A.
 - a. PROBATIONARY PERIOD: An athlete/cheerleader receiving a G.P.A. below a 2.00 but above a 1.49 may petition to the Athletic Director for one probationary reinstatement in their four years. Scholastic eligibility or ineligibility will be determined 7 days after from the last major grading period. The major grading periods are as follows:

1st Quarter	1st Semester	3rd Quarter	2nd Semester
-------------	--------------	-------------	--------------
3. Administration clearance for citizenship.
4. Comply with the California Interscholastic Federation Policies.
5. Must have all financial obligations met (no outstanding bills).
6. Must adhere to the attendance policy: "An athlete/cheerleader during their sport season will not be allowed to participate or attend a contest if he/she misses any one period (more than 30 minutes late constitutes an absence) on the day of the event without a pre-arranged excused absence with the attendance office. The principal or designee shall have the right to waive any infraction of this policy upon review.
7. Must attend practice or make contact with the coach within the first week of the official beginning date of the sport. You must take the responsibility and meet the deadline, or you will be denied the opportunity to participate. Freshman and transfer athletes will not be affected. A coach may initiate and in concurrence with the athletic director may review special circumstances
8. Must adhere to the substance policy: Use or possession of illegal drugs, alcohol, or tobacco is not permitted and shall result in the following penalties:
 - a. Tobacco Use or Possession:
 - i. First Offense: athlete/cheerleader will be suspended from game/match competition for two weeks. Student may continue to practice with the team.
 - ii. Second Offense: athlete/cheerleader will be suspended for the remainder of that sport season.
 - iii. Third Offense: athlete/cheerleader will be suspended from athletics/cheerleading for one calendar year from the date of the infraction.
 - iv. Fourth Offense: athlete/cheerleader will be banned from athletics/cheerleading in the District for their remaining years in school.
 - b. Drugs/Alcohol Use or Possession:
 - i. First Offense: athlete/cheerleader will be suspended from game/match competition for four weeks. Student may continue to practice with the team.

- ii. Second Offense: athlete/cheerleader will be suspended from athletics/cheerleading for one calendar year from the date of the infraction.
- iii. Third Offense: Athlete/cheerleader will be banned from athletics/cheerleading in the District for their remaining years in school.

c. In all cases the student must enroll and complete a counseling program in accordance with the violation before they are cleared for full participation privileges. Offenses are cumulative through all four years.

- 9. An athlete/cheerleader may elect to drop from a sport and tryout for another sport within two weeks of the first opening of the sports season (10 practice days). Beyond this time limit, if an athlete/cheerleader drops himself/herself or is dropped by the coach, the athlete/cheerleader cannot participate in the next sport season until the regular sport season is complete (playoffs are not part of the regular season).
- 10. Must adhere to the coach's specific participation policy (a written policy will be given to you upon making the team; these may vary from one sport to the next).
- 11. All equipment, uniforms, or other articles given to you for participation in that sport shall be returned to your coach upon his or her request. You will not be permitted to participate in the next sports season until the previous coach clears you.
- 12. AWARDS: To receive any award pertaining to the sport in which you have participated, you must have completed the season in good standing.

COMPLETE BOTH FORMS

GALT JOINT UNION HIGH SCHOOL DISTRICT ACTIVITIES EMERGENCY CARD

(Print) Last Name First Middle Sport

Phone _____ Date of Birth _____ Grade _____

Street Address _____ City _____ State _____ Zip _____

Name of Emergency Contact _____ Emergency Phone _____

Insurance Company: _____	Policy # _____
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Hospital Name: _____

Personal Physician's Name: _____ Phone # _____

Physician's Address _____ City _____

Allergies/Other Conditions/Medications _____

In the event of an accident or other emergency when a parent is unavailable, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances I further authorize a physician to undertake such care and treatment of my child as he/she considers necessary. I authorize such care and treatment to be performed by any licensed physician or surgeon.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

GALT JOINT UNION HIGH SCHOOL DISTRICT ACTIVITIES EMERGENCY CARD

(Print) Last Name First Middle Sport

Phone _____ Date of Birth _____ Grade _____

Street Address _____ City _____ State _____ Zip _____

Name of Emergency Contact _____ Emergency Phone _____

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SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____