



Redlands Unified School District

Educational Services Division
Student Services Department

P.O. Box 3008 Redlands, California 92373-1508 (909) 307-5300 FAX (909) 792-3847

Dear Student-Athlete and Parent:

Welcome to Redlands Student Connections League!

The new "Redlands Student Connections League" (RSCL) includes all four RUSD middle schools -- Beattie, Clement, Cope and Moore. At the Redlands Unified School District, student-athletes learn valuable character building lessons while playing sports: school pride, teamwork, and positive attitude and sportsmanship. The RSCL will strive to provide as many positive school connective experiences for as many students as possible.

Student-athletes will be required to meet academic eligibility standards in order to be part of the team. RUSD Board policy requires a minimum of a 2.0 grade point average while passing a minimum of four classes. The previous grade-reporting period will determine eligibility for a given sport (e.g., 2018-19 first semester grades will determine soccer eligibility; and 2018-19 third quarter grades will determine basketball eligibility). Student-athletes will also be held accountable for their behavior and will be required to have good attendance. All student-athletes must complete a middle school athletic clearance/participation packet before they may try out for a team.

This is an exciting time at the middle school level as we focus on bringing students together by offering an educational-based school connection program. The RSCL will be dedicated to helping middle school student-athletes enhance their academic performance level, improve positive character traits, strive for excellence, and increase their overall level of confidence through athletic competition.

I hope that you enjoy your time at Beattie Middle School, Clement Middle School, Cope Middle School and/or Moore Middle School.

Best of luck,


Paul Haffley

Coordinator of Athletics

NONDISCRIMINATION

The Redlands Unified School District prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, potential parental, family and/or marital status, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. This nondiscrimination policy applies to all acts related to school activity or school attendance within a school under the jurisdiction of the superintendent of the school district, and covers admission, participation, and accessibility to any program or activity of the district and selection, advancement, discharge and other terms, conditions and privileges of employment. Inquiries regarding the equal opportunity policies, equal program accessibility policies, and the filing of complaint procedures alleging discrimination including sexual harassment, may be directed to the school principal or to the District's Discrimination/Equity/Title IX Coordinator:

Nondiscrimination/Equity/Title IX Coordinator
Ken Wagner, Assistant Superintendent of Educational Services
Redlands Unified School District
20 West Lugonia Avenue
Redlands, California 92374
(909)307-5300
kenneth_wagner@redlands.k12.ca.us

Redlands Unified Athletics
BUILDING CHARACTER, CLASS AND CONFIDENCE

REDLANDS UNIFIED SCHOOL DISTRICT
ATHLETIC CLEARANCE/PARTICIPATION PACKET FOR MIDDLE SCHOOLS
Redlands Student Connections League (RSCL)

Attention Parents:

Students trying out for any middle school athletic team within the Redlands Unified School District **must** have the following forms completed and returned to their school's Office (Beattie MS, Clement MS, Cope MS or Moore MS) before the first day of tryouts/workouts. **DO NOT OMIT ANY SIGNATURE OR FORM FROM THE PACKET.** Please note the parent and/or guardian must sign **EVERY** form.

IMPORTANT: YOUR STUDENT'S ACADEMIC ELIGIBILITY WILL BE DETERMINED FROM THE MOST RECENTLY COMPLETED GRADING PERIOD AND WILL BE VERIFIED AT THE TIME THESE FORMS ARE RETURNED TO THE ATHLETIC OFFICE. STUDENT-ATHLETES MUST PASS A MINIMUM OF 20 CREDITS IN THE PREVIOUS GRADING PERIOD WITH A MINIMUM OF A 2.0 GRADE POINT AVERAGE (GPA).

CONSENT TO TREATMENT (Page #1): Form must be completed and signed by a parent/guardian. A copy of this page will be returned to the student-athlete to give to his/her coach along with a sport specific clearance card.

PHYSICAL EXAMINATION FORM (Pages #2 & #3): Must be COMPLETED, signed, and **STAMPED** by a PHYSICIAN (MD or DO), PARENT/GUARDIAN and the STUDENT-ATHLETE. (First page filled out by parent/guardian and student-athlete; second page by the physician.) **Physical exams completed by chiropractors will not be accepted.**

INSURANCE COVERAGE FORM (Page #4): Must be completed and signed by a parent/guardian. **EVERY STUDENT MUST BE COVERED BY MEDICAL INSURANCE.** We need to know the name of the insurance company and policy number. If you do not have medical coverage, forms are available from your school's Athletic Office (Beattie MS, Clement MS, Cope MS or Moore MS) to purchase Myers-Stevens Insurance.

CONSENT TO PARTICIPATE (Page #5): Form must be signed by both parents/guardian and student-athlete. Please read carefully and note areas where parent/guardian must initial. This form covers release and discharge of RUSD from all medical liability; medical release clearances; attendance/academic expectations, and transportation to-and-from game policy.

REDLANDS UNIFIED SCHOOL DISTRICT STUDENT-ATHLETE CODE OF ETHICS (Page #6): Student-athlete &, parent/guardian must sign.

PARENT CODE OF CONDUCT (Page #7): Parent/guardian must sign.

PARENT INFORMATION & ACKNOWLEDGEMENT (Pages #8 & #9): CONCUSSION and SUDDEN CARDIAC AREEST AWARENESS are education code notification requirements; Board Policy #6145 contains information regarding participation in extracurricular activities. Parent/guardian and student-athlete must sign **ACKNOWLEDGEMENT** page #9.

PARENTS/GUARDIANS ARE ENCOURAGED TO MAKE COPIES OF ALL DOCUMENTS PRIOR TO RETURNING ALL SIGNED FORMS IN NUMERICAL ORDER TO YOUR CHILD'S SCHOOL (BEATTIE MS, CLEMENT MS, COPE MS or MOORE MS) OFFICE.

Teacher/Coach _____

REDLANDS UNIFIED SCHOOL DISTRICT

AUTHORIZATION TO CONSENT FOR TREATMENT OF MINOR

We, the undersigned parents of:

Minor: _____
Last Name First Name Birthdate

Do hereby authorize any physician on the staff of a licensed hospital or emergency clinic, or any other physician designated by him (them) as agent(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon on the staff of a licensed hospital or emergency clinic, whether such diagnosis or emergency treatment is rendered at the office of said physician or at said hospital(s). It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but 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(s) in the exercise of his (their) best judgment may deem advisable.

This authorization shall remain in effect for the _____ school year or unless sooner revoked in writing and delivered to the school principal.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

Family Physician Physician's Phone Number

Health Insurance Company Group/Policy Number

Signature of Father or Guardian Parent's Address & Phone Number

Signature of Mother or Guardian Parent's Address & Phone Number

Indicate Special Information

Person to be notified in the event parents are unable to be reached:

Name Address Phone Number

Student Name: _____ Grade: _____ Physical Exp. Date: _____

OFFICE USE ONLY

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 6–14).

EXAMINATION		Male	Female
Height	Weight		
BP	Pulse	Vision R 20/	L 20/
		Corrected	Y N
MEDICAL		NORMAL	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only)†			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic‡			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 †Consider GU exam if in private setting. Having third party present is recommended.
 ‡Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

*Physician's Office (MD or DO)
Stamp Required here*

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

REDLANDS UNIFIED SCHOOL DISTRICT
October 2018

Dear Parent or Guardian;

Before your son or daughter is eligible to participate in interscholastic athletics and activities connected therewith, insurance coverage conforming to California Education Code Section 32220-32224 must be secured by you. *This form is requesting the name of your medical insurance company.* If none is available, you will need to purchase the school insurance made available through Myers/Stevens. Please read the following carefully and check the appropriate box indicating the method you wish to use to meet these requirements.

1. I do hereby declare that my son/daughter is covered by insurance now carried by me that meets the medical and hospital expenses.

_____ (name of insurance company) _____ (policy number)

2. I plan to purchase the required coverage from the Myers-Stevens Insurance Plan through my school. (This coverage meets all requirements of said Education Code Sections).

- School Time High Option Plan (covers non tackle football activities) 77.00
- School Time Mid Option Plan (covers non-tackle football activities) 63.00
- School Time Low Option Plan (covers non –tackle football activities) 39.00

IMPORTANT NOTE: REFER TO MYERS-STEVENS ACCIDENT INSURANCE PAMPHLET FOR FURTHER DETAILS. WE STRONGLY RECOMMEND THE HIGH OPTION PLAN FOR STUDENTS PARTICIPATING IN INTERSCHOLASTIC SPORTS.

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. The insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses (Education code Section 32221.5).

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:

- (1) The Healthy Families Program: 1-800-880-5305; www.healthyfamilies.ca.gov**
- (2) Medical: 1-800-541-5555**
- (3) Covered California: www.coveredca.com**

I understand that the aforesaid law requires that the above coverage apply to members of athletic teams arising while such members are engaged in or preparing for an athletic event promoted under the sponsorship or arrangement of the school district or student body association, or while such members are being transported by or under the sponsorship of the school district or student body association to or from school or other place of the athletic event.

I declare under penalty of perjury the above and foregoing is true and correct.

Signature of Parent/Guardian

Name of son/daughter

Date

**REDLANDS UNIFIED SCHOOL DISTRICT
CONSENT TO PARTICIPATE AND AGREEMENT TO WAIVE LIABILITY, RELEASE,
ASSUME RISK, HOLD HARMLESS AND OBEY RULES AND INSTRUCTIONS**

Name of School: _____ Date: _____
Athletic/Sport Activity: _____

Participation in the above athletic/sport activity **IS VOLUNTARY** and **IS NOT REQUIRED** as a part of the regular school program. Consent is hereby given for student _____ to participate in the above athletic/sport activity.

I am aware that participating, playing, practicing to play or preparing to practice/play in any athletic/sport activity can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity 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 my (or my student's) body, general health and well-being. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity may result not only in serious injury, but in a serious impairment of my (or my student's) future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I especially acknowledge that baseball, softball, football, and wrestling are more dangerous sports involving even greater risk of injury than other sports.

In the event of an accident or sudden illness, Redlands Unified School District has permission to render whatever emergency medical treatment may be deemed necessary for the above named student. I will assume the cost of ambulance service in the case of an emergency and understand that the district does not pay for ambulance service. I further understand and accept the responsibility for obtaining a written confirmation from the physician indicating that the student may return to practice and competition with his/her team anytime a student is seen by such personnel. _____ (please initial)

Because of the dangers of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity, I (or on behalf of my student) recognize the importance of following coaches' instructions regarding playing techniques, training and game and other team rules and agree to obey such instructions/rules. It is also recognized that attendance and academic performance are essential for student success. This success provides the eligibility for participation in the above athletic/sport activity. **TO ENSURE THIS, STUDENTS MUST ATTEND ALL CLASSES ON THE DAY OF THE CONTEST OR THE DAY PRIOR TO A SATURDAY EVENT.** Appointments on game days must follow the attendance policy as stated in the student handbook. _____ (please initial)

Transportation to and from most athletic contests will be provided by Redlands Unified School District. It is never permissible for students to transport other students to athletic contests. Students are expected to use this transportation as a representative of their school. Any other arrangements due to emergency or family circumstances must be requested in writing by the parent/guardian (who has signed this form) the day before the trip and cleared through the school office. _____ (please initial)

In consideration of the Redlands Unified School District permitting me (or my student) to try out for the above athletic/sport activity at the above school and to **ENGAGE IN ALL ACTIVITIES RELATED TO THE TEAM**, including, but not limited to, trying out, preparing for, transporting to or from, practicing for, playing or otherwise participating in the above athletic/sport activity, I **(OR ON BEHALF OF MY STUDENT) HEREBY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION AND AGREE TO WAIVE LIABILITY AND HOLD THE REDLANDS UNIFIED SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND ALL VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS, OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER WHICH MAY ARISE BY OR IN CONNECTION WITH MY (OR MY STUDENT'S) PARTICIPATION IN ANY ACTIVITIES RELATED TO THE TEAM.** The terms hereof shall serve as a **RELEASE** and **ASSUMPTION OF RISK** for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

THE UNDERSIGNED HAS CAREFULLY READ THE FOREGOING RELEASE AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTANDS IT.

Parent/Guardian Signature _____ Parent/Guardian Signature _____

Student Signature _____

Health Insurance/Student Accident Insurance Carrier* _____ Policy Number _____

*If you do not have accident insurance, the district provides forms for you to obtain insurance as required by law. The forms are available at the school office. Insurance must be maintained at all times. Notify the athletic director of cancellation/change in policy.

REDLANDS UNIFIED SCHOOL DISTRICT
ATHLETIC DEPARTMENT
STUDENT-ATHLETE CODE OF CONDUCT

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 of 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 – to be worthy of trust in all I do.
 - Integrity – live up to high ideals of ethics and sportsmanship and always pursue victory with honor, do what's right even when it's unpopular or personally costly.
 - Honesty – live and compete honorably, 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 my 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 performance, 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 this privilege is within the sole discretion of the school administration.
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 and drugs or engage in any unhealthy techniques to gain or 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 any 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.

CITIZENSHIP

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 temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions 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 _____

Parent/Guardian Signature _____

REDLANDS UNIFIED ATHLETICS

BUILDING CHARACTER, CLASS AND CONFIDENCE



Redlands Unified School District

Educational Services Division

Student Services Department

P.O. Box 3008 Redlands, California 92373-1508 (909) 307-5300 FAX (909) 792-3847

Parent Code of Conduct

Parental support of our athletic team is vital, and greatly appreciated. In order to provide a positive climate for coaches and players to do their best, eliminate distractions that might negatively impact the program, model good sportsmanship, and comply with CIF Rules, we are asking for your support of the following Parental Code of Conduct.

We strongly encourage your active, positive support of your child, and look forward to your attendance at the games and other sponsored activities. The concept of sportsmanship, however, must be taught, modeled and reinforced by adults. The parents/guardians of athletes must maintain self-control and demonstrate proper perspective as it relates to winning and losing. It is important to remember that an athletic contest is **ONLY A GAME – NOT A MATTER OF LIFE AND DEATH**. Accordingly, we are asking all parents/guardians, and spectators who attend games to abide by the following:

- Please show respect for others by refraining from booing or shouting/yelling derogatory comments or remarks from the stands towards our opponents, coaches or officials. Personal insults or abusive, foul language will not be tolerated. Violations may result in penalties against the team and ejection of the offender.
- Parents shall not confront or seek to conference with coaches or officials during or immediately after games, except in cases of injuries or emergency medical treatment for their child.
- Conferences with the Coach to discuss or critique their game preparation, coaching strategy, or the status of other players **will not be held**. Any conference to discuss your child's status must be scheduled with the Coach in advance.
- Other forms of behavior that are disruptive to the game or others' enjoyment of the game will not be allowed. This includes, but is not limited to, approaching the bench area while the game is in progress, or attempting to coach your child or direct other players during games or practice.
- Be supportive of your child's efforts and the efforts of his/her teammates – be encouraging rather than negative regardless of the outcome of a game.
- If there is a change of address for the student, the parent/guardian shall inform the counseling/athletic office immediately.

Parent/Guardian Signature Date Parent/Guardian Signature Date

Redlands Unified Athletics

BUILDING CHARACTER, CLASS AND CONFIDENCE



REDLANDS UNIFIED SCHOOL DISTRICT

Parent & Student Information Sheet

CONCUSSIONS: <http://www.cdc.gov/headsup/youth.html>

California State Law AB 25

1. The law requires that a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor stating the student is cleared to resume physical activities.

SUDDEN CARDIAC ARREST (SCA): <http://www.cifstate.org/sports-medicine/sca/index>

1. CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting- the number one warning sign of a potential heart condition.
2. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider.

REDLANDS UNIFIED SCHOOL DISTRICT BOARD POLICY 6145 INSTRUCTION: <https://tinyurl.com/ycggxyfv>

1. Sign-in by entering the username and password listed below;
 - **Username:** redlands
 - **Password:** public



REDLANDS UNIFIED SCHOOL DISTRICT

Parent & Student Acknowledgement Form

I have been provided a web page link that contains information on;

1. Concussions; <http://www.cdc.gov/headsup/youth.html>
2. Sudden Cardiac Arrest (SCA); <http://www.cifstate.org/sports-medicine/sca/index>
3. Redlands Unified School District Board Policy 6145 Instruction; <https://tinyurl.com/vcrgxyfv>

I hereby acknowledge that I have reviewed the information provided on the websites and understand its contents.

Student name printed

Student signature

Date

Parent or Legal Guardian printed

Parent or Legal Guardian signature

Date

*If you are unable to access the websites to obtain the information or would like a hard copy of the above topics please contact the school site office.