

FORT BRAGG HIGH SCHOOL  
ATHLETIC/ACTIVITIES AGREEMENT  
AND  
STEROID POLICY

Having read the athletic/activities code, I understood and agree to abide by the Fort Bragg High School Behavior Code and Activities/Athletics Code. Knowing the importance of fitness and good health, I have agreed not to use alcohol, or drugs and I understand that any violation of this commitment **will** result in my **dismissal** from the team.

I, also hereby fully understand that a violation on my part of any of the rules in the previously stated codes may result in loss of athletic/activities privileges and/or suspension from the team/group.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized that under CIF Bylaw 200D. there could be penalties for false or fraudulent information. We also understand that the Fort Bragg Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
**Print** Student Name

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

I have read the above. I understand the Athletic/Activity Code, discussed it with my student, and agree that she/he must abide by it.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**ATHLETE**  
**EJECTION POLICY NOTIFICATION FORM**  
**(North Coast Section Ejection Policy)**

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995-96 school year, (and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc).

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

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Print** Student Name

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

\_\_\_\_\_  
Sport(s)

**FORT BRAGG HIGH SCHOOL**

**CONSENT TO PARTICIPATE IN SPORTS COMPETITION AND PROOF OF INSURANCE COVERAGE.**

Warning: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school **BY IT'S NATURE, PARTICIPATIO IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.**

By signing the permission form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give consent for my son/daughter, \_\_\_\_\_ to participate in the athletic program at Fort Bragg High School. I understand the following:

- 1. A physical exam is required, at my expense.
- 2. I must show proof of medical insurance, through Medi-cal purchase coverage through CIF.
- 3. Signed Athletic Code Form

**MEDICAL INSURANCE COVERAGE FOR ABOVE NAMED STUDENT, IF ON MEDI-CAL, MUST HAVE STICKER AFFIXED.**

**THE FOLLOWING INSURANCE INFORMATION MUST BE FILLED OUT COMPLETELY, IF ON MEDI-CAL, WE NEED A COPY OF CURRENT MEDI-CAL CARD.**

NAME OF INSURANCE CARRIER: \_\_\_\_\_

ADDRESS OF INSURANCE CARRIER: \_\_\_\_\_  
\_\_\_\_\_

POLICY OR GROUP NUMBER \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

ADDRESS OF INSURED \_\_\_\_\_

I also authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

Signature of Parent/Gauardian \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_  
Home Telephone                      Work or Cell Number                      Emergency Number

**FORT BRAGG HIGH SCHOOL**

**VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, \_\_\_\_\_ to participate in any of the school sponsored activity listed below and any voluntary activities not listed below.

This participation form is used for the following voluntary extra-curricular activities:

Baseball	Basketball	Cheerleading	Cross Country
Football	Golf	Softball	Tennis
Wrestling	Soccer	Volleyball	

I understand and acknowledge that these activities, by their very nature, post the potential risk of serious injury to individuals who participate in such activities.

I understand and acknowledge that some of the injuries, which may result from participating in these activities, include but are not limited to the following;

Sprains/strains	Fractured Bones	Cuts/Abrasions
Unconsciousness	Head &/or Back injuries	Paralysis
Loss of eyesight	Death	

I understand and acknowledge that in order to participate in these activities in completely voluntary and as such, is not required by the school for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in such activities.

I understand, acknowledge and agree that the Fort Bragg School District, its employees, officers, agents, or volunteers, shall not be liable for any injury suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in the activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PRINT** Student Name

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