

FORT BRAGG HIGH SCHOOL
INSTRUCTION SHEET-*PLEASE READ CAREFULLY*

To be eligible to participate on any team and in any practice session the following is necessary.

PLEASE READ IN ENTIRETY- *ALL PAGES REQUIRING A SIGNATURE* must be filled out, signed and returned to high school front office for student to be cleared.

1. **Extracurricular Activities/Athletic Code/Steroid Policy** - Please read before you sign then return the Athletic/Activities Agreement form stating that you have read and understand the athletic code and steroid policy.
2. **Consent to Participate and Proof of Insurance Form** - must be filled out completely and turned in with all other forms. If you are on Medi-cal, we **MUST** have a copy of card. If student is not covered by any insurance students must purchase "school insurance". Forms are available in the office.

"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 front office."

3. Students must have a **physical** exam by a medical doctor (not a chiropractor) and must be turned in with forms. Physicals are good for one year from the date of the physical.
4. **Voluntary Activities Participation Form** – must be filled out completely and returned to the high school office.
5. **North Coast Section Ejection Policy Form** – must be signed by parent and student and returned to the high school office.
6. **Concussion Information Sheet** – must be signed by parent and student and returned to the high school office.
7. Student must have a 2.0 or above grade point average with no more than one "F" or "NC". (see Athletic Code)
8. All debts owed to the school must be paid before a clearance slip will be issued.

CLEARANCE SLIPS WILL NOT BE ISSUED UNLESS ALL OF THE ABOVE HAS BEEN COMPLETED AND RETURNED TO THE HIGH SCHOOL OFFICE. Participant may NOT practice OR play until the coach receives the yellow copy of the clearance receipt.

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

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	Track
Football	Golf	Softball	Tennis	
Wrestling	Soccer	Volleyball	Swimming	

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