GLENDALE UNIFIED SCHOOL DISTRICT

Student Support Services

223 North Jackson Street
Glendale, California 91206
(818) 241-3111

TO: Parents/Legal Guardians and District High School Students

FROM: Dr. Scott Anderle, Assistant Director, Student Support Services

SUBJECT: **Extra/Co-Curricular Eligibility Information and Forms**

Participation in Glendale Unified School District's extra/co-curricular programs is voluntary. To be eligible, a student must complete each of the items listed below. **All** necessary forms must be completed and returned to your high school before you will be allowed to participate in any extra/co-curricular activities, practices, or events.

1. **Associated Student Body Card**: Most programs are funded by the Associated Student Body (A.S.B.) and all program participants are encouraged to purchase a student body card. The A.S.B. cards may be purchased at the Student Store or through the school administration.
2. **Parental Consent and Assumption of Risk for Participation in Interschool Extra/Co-Curricular Programs** and **Parental Authorization for Emergency Medical Treatment**
3. **Pre-participation Examination - History/Physical**: A student must obtain, or have on file, prior to their season of participation in an extra/co-curricular program, a form certifying they have had a physical examination by a licensed doctor. Once a student has had a physical, he or she is then certified physically fit for one calendar year from the date listed on the form.
4. **Confirmation of Extra/Co-Curricular Insurance**: California Education Code, Chapter 1010, AB3100, Chapter 2, Article 3, Sections 32220-32224, makes it mandatory that the school be furnished evidence of student insurance coverage of at least $1,500 medical and hospital benefits to cover the student while practicing for, participating in, or traveling to/from interschool extra/co-curricular events. This includes members of school bands or orchestras, cheerleaders, pompom girls, team managers, and their assistants. If you already have insurance, complete and sign the section of the form entitled: ***Provision I, Confirmation of Existing Accident Insurance Coverage.***

   If you need to purchase insurance, sign the section of the form entitled: ***Provision II, Confirmation of Intent to Purchase Student Accident Insurance***. The application for this school insurance is available through the Athletic Director at the student's school. The application and fee must be returned to the advisor before you will be allowed to participate.

   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 Healthy Families Program at (800) 880-5305.
5. **Extra/Co-Curricular Participation Agreement**: Read the agreement carefully so you know what is expected. Signatures of both parent/guardian and student are required.
6. **Code of Conduct Agreement for Extra/Co-Curricular Students**
7. **Volunteer Automobile Use Permission Form**
8. **Parental Guidelines and Expectations**
9. **Parent Communication Guide**
10. **Parent's Code of Ethics for Athletics**
11. **Concussion Information Sheet**
12. **Emergency Card**

***REMEMBER*: ALL Forms Must Be Signed and Returned Before a Student Will be Allowed to Participate.**

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GLENDALE UNIFIED SCHOOL DISTRICT

PARENTAL CONSENT AND ASSUMPTION OF RISK FOR PARTICIPATION IN INTERSCHOOL EXTRA/CO-CURRICULAR PROGRAMS

I do hereby give my consent for my son/daughter/ward to participate in interschool extra/co-curricular activities and to travel to sports contests/events with an authorized representative of the school. I am aware that in some cases, such as practice sessions, the automobile may be driven by another student.

I understand that the school is relieved of all responsibility in case the student is injured while traveling to or participating in any extra/co-curricular event.

I understand and acknowledge that some extra/co-curricular activities, by their very nature, pose the potential risk of serious injury (sprains/strains, fractures, unconsciousness, paralysis, loss of eyesight, etc.) or death to individuals who participate in such activities.

I further understand and acknowledge that participation in extra/co-curricular activities is completely voluntary and not required by the Glendale Unified School District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter/ward 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 District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter/ward which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this, ***Parental Consent and Assumption of Risk for Participation In Interschool Extra/Co-Curricular Programs*** form and that I understand and agree to its terms.

Signature of Parent/Guardian_____Date_____

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

_____
Student's Name

Should it be necessary for my child/ward to have medical treatment while participating in this trip/sport, I hereby give the District personnel permission to use their judgment in obtaining medical services for my child/ward and I give permission to the physician selected by the District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District has no insurance covering such medical and hospital costs incurred by my child/ward and therefore any costs for such treatments shall be my sole responsibility.

_____
Parent/Guardian Signature of Approval

Parent/Guardian (please print)

_____
Address

_____
Home Telephone

_____
Business Telephone

_____
Cell or Emergency Telephone

_____
Date

MEDICAL AUTHORIZATION

_____ PLEASE CHECK IF SPECIAL INSRUCTIONS REGARDING MEDICAL TREATMENT FOR YOUR CHILD/WARD ARE ON FILE AT SCHOOL OF ATTENDANCE.

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GLENDALE UNIFIED SCHOOL DISTRICT

PRE-PARTICIPATION PHYSICAL EVALUATION

HISTORY Date Of Exam_____

Name_____Sex_____Age_____Date of Birth_____

Grade_____School _____Sport(s)/Activity_____

Address_____Phone_____

Personal Physician _____

In case of emergency, contact: Name _____Relationship_____

Home phone #_____Cell phone #_____Work phone#_____

****Explain all "Yes" answers below, circle questions you don't know the answer to.***

Yes	No		
___	___	1.	Have you had a medical illness or injury since your last checkup or sports physical?
___	___		Do you have an ongoing or chronic illness?
___	___	2.	Have you ever been hospitalized overnight?
___	___		Have you ever had surgery?
___	___	3.	Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?
___	___		Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
___	___	4.	Do you have any allergies (examples: pollen, medicine, food, or stinging insects)?
___	___		Have you ever had a rash or hives develop during or after exercise?
___	___	5.	Have you ever passed out during or after exercise?
___	___		Have you ever been dizzy during or after exercise?
___	___		Have you ever had chest pain during or after exercise?
___	___		Do you get tired more quickly than your friends during exercise?
___	___		Have you ever had racing of your heart or skipped heartbeats?
___	___		Have you had high blood pressure or high cholesterol?
___	___		Have you ever been told you have a heart murmur?
___	___		Has any family member or relative died of heart problems or of sudden death before age 50?
___	___		Have you had severe viral infection (examples: myocarditis or mononucleosis) within the last month?
___	___		Has a physician ever denied or restricted our participation in sports for any heart problems?
___	___	6.	Do you have any current skin problems(examples: itching, rashes, acne, warts, fungus, or blisters)?
___	___	7.	Have you ever had a head injury or concussion?
___	___		Have you ever been knocked out, become unconscious, or lost your memory?
___	___		Have you ever had a seizure?
___	___		Do you have frequent or severe headaches?
___	___		Have you ever had numbness or tingling in your arms, hands, legs, or feet?
___	___		Have you ever had a stinger, burner, or pinched nerve?

Yes	No		
___	___	8.	Have you ever become ill from exercising in the heat?
___	___	9.	Do you cough, wheeze, or have trouble breathing during or after activity?
___	___		Do you have asthma?
___	___		Do you have seasonal allergies that require medical treatment?
___	___	10.	Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (examples: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
___	___	11.	Have you had any problems with your eyes or vision?
___	___		Do you wear glasses, contacts, or protective eyewear?
___	___	12.	Have you ever had a sprain, strain, or swelling after injury?
___	___		Have you broken or fractured any bones or dislocated any joints?
___	___		Have you had any other problems with pain or swelling in muscles, tendon, bones, or joints?

If "Yes", check all appropriate spaces and * explain below:

___Head ___Neck ___Back ___Chest ___Shoulder

___Upper Arm ___Elbow ___Forearm ___Wrist ___Hand

___Finger ___Hip ___Thigh ___Knee ___Shin/Calf

___Ankle ___Foot

___ ___ 13. Do you want to weigh more or less than you do now?

___ ___ Do you lose weight regularly to meet weight requirements for your activity?

___ ___ 14. Do you feel "stressed out"?

15. Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles_____

Hepatitis B _____ Chickenpox _____

Females Only:

16. When was your first menstrual period? _____

When was your most recent menstrual period?_____

How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____

****Explain all "Yes" answers here:_____***

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

_____ _____ _____ _____

Signature of Parent/Guardian Date Signature of Student Date

I give permission for my son/daughter/ward to be examined by his/her own physician, or a physician associated with Glendale Healthy Kids, Glendale Memorial Hospital & Health Center, Verdugo Hills Hospital, Verdugo Hills Medical Associates, or Family Medicine Center.

_____ _____

Signature of Parent/Guardian Date

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GLENDALE UNIFIED SCHOOL DISTRICT

PRE-PARTICIPATION PHYSICAL EVALUATION (continued)

PHYSICAL EXAMINATION

Name_____ Date of Birth_____

Height_____ Weight_____ %Body Fat (optional) _____ Pulse__ BP____/____(____/____,____/____)

Vision: R 20/____ L 20/____ Corrected (check): Y ___ N ___ Pupils: Equal _____ Unequal_____

	NORMAL	ABNORMAL FINDINGS	*INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

***Station-based examination only**

CLEARANCE*:*

_____ **CLEARED**

_____ **CLEARED AFTER COMPLETING EVALUATION/REHABILITATION FOR:**

_____

_____

_____ **NOT CLEARED FOR:**_____

Reason:_____

Recommendation(s):_____

_____

Name of physician (print/type)_____ **Date**_____

Address_____ **Phone**_____

Signature of physician_____

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GLENDALE UNIFIED SCHOOL DISTRICT

CONFIRMATION OF EXTRA/CO-CURRICULAR INSURANCE

Please Complete and Return to Your School:

School Name _____ Grade _____

Pupil's Last Name _____ First Name _____ Teacher _____ Room _____

California law (Education Code 32221 et seq.) requires that any pupil engaged in, practicing for, and/or traveling to and from school-sponsored interschool extra/co-curricular activities/events be covered by valid insurance which provides at least $1,500 insurance protection for medical and hospital expense. This includes members of school bands and orchestras, cheerleaders, pompom girls, team managers, and their assistants.

You may comply with these insurance requirements by meeting one of the following provisions:

PROVISION I: Confirmation of Existing Accident Insurance Coverage

I do hereby certify that our family insurance plan conforms to California law and provides the required coverage for emergency medical and hospital expenses. Our family insurance plan will remain in effect throughout the school year.

Name of Insurance Company _____

Date _____ Signature of Parent or Guardian _____

PROVISION II: Confirmation of Intent to Purchase Student Accident Insurance

I am purchasing the Student Accident Insurance policy offered by the District. I understand that the Student Accident Insurance policy provides medical and hospital benefits in compliance with California law for students while participating in school-sponsored activities.

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 Healthy Families Program (800) 880-5305.

Date _____ Signature of Parent or Guardian _____

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GLENDALE UNIFIED SCHOOL DISTRICT

EXTRA/CO-CURRICULAR PARTICIPATION AGREEMENT

I, _____, a student in the Glendale Unified School District, agree to uphold and abide by the rules and regulations of my school and the Glendale Unified School District. I realize that participation in the extra/co-curricular program in the District is voluntary and available to all students. In choosing to participate in the program, I agree to abide by all aspects of this participation agreement:

A. Rules of the School

1. It is my responsibility as a student/athlete to know and abide by the rules of my school.

B. School Grades: "C" Average

1. As a participant in the extra/co-curricular program, I must earn a 2.0 unweighted grade point average (GPA), on a 4.0 scale at each quarterly grading period to remain eligible.

2 California Interscholastic Federation (CIF) rules state that I must be passing four or more subjects in order to be eligible for this program.

C. Attendance

1. I am expected to attend all of my regularly scheduled classes.

2. Truancies: A truancy is defined as missing one or more periods in a given day without a legitimate excuse.

   a. Truancies and poor attendance will jeopardize my eligibility and will affect my participation in this program.

   b. Excessive absences/truancies will warrant suspension from the program in which I am participating.

D. Termination From Team

1. If I quit (for non-medical reasons) or am dropped from the extra/co-curricular program (for violating rules, poor grades, poor attendance, etc.), the coach/advisor will notify my parent/guardian, counselor, and administrator of athletics. I will be withdrawn from the program at the end of the quarter or end of the semester and enrolled in another class for the remainder of the semester unless the administrator determines otherwise. Quitting (for non-medical reasons or being dropped from the extra/co-curricular program before the end of the season or term may affect the grade I receive.

E. Substance Abuse: Alcohol and/or Drugs

1. I will not have in my possession nor will I drink alcohol or use any illegal or controlled substance, including steroids and/or performance enhancing drugs without a prescription. If I am in violation of any of the above, it will result in a conference with my advisor, a telephone call to my parents and/or guardian, and my suspension from all athletic/co-curricular programs for a minimum of five calendar weeks and probable suspension from school.

2. I am aware that a second violation of Item E.1 will result in probable suspension from school, a conference with my advisor, a telephone call to my parents and/or guardian, and my suspension from all athletic/co-curricular programs for one (1) year from the date of the violation.

3. I am aware that a third violation of Item E.1 will result in probable suspension from school, a conference with my advisor, a telephone call to my parents and/or guardian, and my permanent suspension from all athletic/co-curricular programs in the Glendale Unified School District.

4. I am aware that a second or third violation of Item E.1 could result in further disciplinary action, such as expulsion from the District.

Extra/Co-Curricular
Participation Agreement (continued)

5. These penalties (i.e., suspension from participation) are a minimum and/or may be increased per coach's/advisor's policies/guidelines.

F. Tobacco Possession/Use

1. I will not have in my possession nor will I use tobacco products (e.g., cigarettes, chewing tobacco, electronic cigarettes, etc.). If I am in violation of any of the above, it will result in a conference with my advisor, a telephone call to my parents and/or guardian, and a suspension from my athletic/co-curricular program for the next scheduled athletic contest and probable alternative to suspension (ATS).
2. I am aware that a second violation of Item F.1 will result in probable suspension from school, a conference with my advisor, a telephone call to my parents and/or guardian, and a one (1) week or no less than two (2) game suspension from my athletic/co-curricular program.
3. I am aware that a third violation of Item F.1 will result in probable suspension from school, a conference with my advisor, a telephone call to my parents and/or guardian, and my suspension from all athletic/co-curricular programs for one (1) year from the date of violation.
4. These penalties (i.e., suspension from participation) are a minimum and/or may be increased per coach's/advisor's policies/guidelines.

G. Hazing, Sexual Harassment, Bullying, and Verbal Abuse

1. I will not participate nor be a part of any type of verbal and/or non-verbal hazing, intimidation, or taunting directed at another student or teammate.
2. I am aware of Glendale Unified School District's Board Policy 5145.7a, strictly prohibiting sexual harassment towards any student as defined by this policy.
3. If I am in violation of any of the above, I will face disciplinary action which may include: suspension from school, suspension from all athletic/extra-curricular programs, and/or legal action.
4. These penalties (i.e., suspension from participation) are a minimum and/or may be increased per coach's/advisor's policies/guidelines.

H. District Appeal Process for Above Procedures

1. A student may appeal a decision concerning this agreement to the school principal who shall render a decision within three (3) days after the receipt of the appeal. In the event the student is not satisfied with the decision of the principal, the student shall have an opportunity to appeal to the Superintendent, who shall, within three (3) days, render a final decision. Any appeals of the 2.0 grade point average requirement will be made to the principal and considered by a review committee as prescribed under Board Policy 6145.
    a. A student receiving less than a 2.0 unweighted grade point average may appeal no more than one time in a school year and two times in a high school career.
    b. Once a student has been granted an appeal, a ten-week probation period will be in place with grade checks being completed at the end of the ten-week period.

GLENDALE UNIFIED SCHOOL DISTRICT

Extra/Co-Curricular
Participation Agreement (continued)

SIGNATURES:

Student	**Parent or Guardian**
Address	**Address**
City, State, Zip	**City, State, Zip**
Telephone Number	**Telephone Number**
Date	**Date**

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GLENDALE UNIFIED SCHOOL DISTRICT

CODE OF CONDUCT FOR EXTRA/CO-CURRICULAR STUDENTS

Participation in extra/co-curricular programs requires high standards of ethics and sportsmanship. It promotes the development of good character and other important life skills. The highest potential of these programs 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"$_{sm}$). This Code applies to all participants involved in these programs in the Glendale Unified School District. I understand that, in order to participate in these extra/co-curricular programs, I will act in accord with the following:

TRUSTWORTHINESS - *Be worthy of trust in all I do*

- **Integrity:** Live up to high ideals of ethics and sportsmanship; 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/unsportsmanlike conduct.
- **Reliability:** Fulfill commitments; do what you say you will do; be on time to practices and games.
- **Loyalty:** Be loyal to your school and team; put the team above personal glory.

RESPECT - *Treat all people with respect and require the same of other student-athletes*

- **Dignity:** Live and play with dignity; be a good sport; be gracious in victory, as well as defeat; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
- **Disrespectful Conduct:** Don't engage in disrespectful conduct of any sort including, but not limited to: profanity, obscene gestures, offensive remarks of a sexual and/or racial nature, trash talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- **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 - *Be a student first and commit to getting the best education possible*

- **Importance of Education:** Be honest with yourself about the likelihood of getting a scholarship and remember that many universities will not recruit students that do not have: a serious commitment to their education, the ability to succeed academically, or the character to represent their institution honorably.
- **Role Modeling:** Remember, participation in extra/co-curricular programs is a privilege, not a right and you are expected to represent your school, advisor, and teammates with honor, both on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. *Suspension or termination of participation privilege is within the sole discretion of the school administration.*
- **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.
- **Healthy Lifestyle:** Safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco, and/or other drugs. Do not use anabolic or androgenic steroids. Refrain from using any substance designed to enhance physical development or performance that are not approved by the United States Food and Drug Administration, the Surgeon General of the United States, or the American Medical Association.

FAIRNESS - *Live up to high standards of fair play*

- **Be Fair:** Be open-minded; always be willing to listen and learn.

CARING - *Demonstrate concern for others*

- **Concern for Others:** Never intentionally injure another person or engage in reckless behavior that might cause injury to yourself or others.
- **Teammates:** Help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to an advisor.

GOOD CITIZENSHIP - *Honor the spirit and the letter of rules*

- **Play by the Rules:** Maintain a thorough knowledge of and abide by all applicable rules.
- **Spirit of the Rules:** Avoid temptation 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's Signature _____ Date Signed _____

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GLENDALE UNIFIED SCHOOL DISTRICT

VOLUNTEER AUTOMOBILE USE PERMISSION FORM

This form may be used for a single trip or for general permission for a given school year.

I volunteer to drive my personal vehicle to transport students for practices, contests, events, and/or field trip(s) during the current school year.

Name_____ Birth Date _____ (if under 21)

Driver's License #_____ Exp. Date_____ State_____

Year and Make of Auto _____

Vehicle License #_____ State_____

Insurance Carrier/Agent_____ Phone_____

Liability Limits_____

Policy Date_____ Exp. Date_____

Driving Restrictions _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE. I UNDERSTAND I MUST HAVE LIABILITY INSURANCE COVERAGE IN FORCE AND AGREE TO ADVISE THE DISTRICT, IN WRITING, OF ANY CHANGES IN THE ABOVE INFORMATION.

Driver's Signature_____ Date_____

Parent's Signature_____ Date_____

BE SAFE – WHEN IN THE CAR – FOLLOW THESE RULES:

1. **Every person must have and wear a seat belt**
2. **Use the most direct route to destination**
3. **Do not make unnecessary stops**
4. **One passenger for each seat available**
5. **No one in the bed of a pick-up truck**

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GLENDALE UNIFIED SCHOOL DISTRICT

Parental Guidelines and Expectations

As a parent of a Glendale Unified School District athlete, we value your participation in our sports program. We have always felt that our parents are stakeholders in the extra-curricular programs that are offered to our students. We welcome your involvement and your willingness to do the hard work that is necessary to reach the level of excellence our kids deserve through fundraising, volunteering, etc.

With that involvement, comes expectations with respect to following the principles of the CIF's Victory with Honor Program to which the athletic departments of the Glendale Unified School District adhere to. Over the past few years, we developed a Coaches' Code of Ethics and an Athlete's Code of Ethics. In the future, we will ask our athlete's parent(s) to abide by the same principles that form these Codes.

Our goal is to have the best possible athletic and sportsmanship reputation with our opponents and officials. We want anyone who witnesses an athletic contest involving any of our teams, to leave saying that not only was the school strongly competitive but players, coaches, and parents were among the best behaved and respectful of any team against which we have played. Win or Lose: our athletic reputation is very important to the overall image of our high schools. Often, actions in the stands or on the fields make or break that reputation.

We do recognize there will be times when concerns need to be addressed by parents to the athletic departments. We expect that to be done at the proper time and place and for you to follow the athletic communication procedure. While you may not always get what you are asking for, one thing is for certain, you will be heard at the appropriate level.

We are confident that by abiding by these principles, the experience of both you and your student athlete will be positive and rewarding on any and every team with which you are both involved.

In order for your child to be cleared to participate in athletics at Crescenta Valley High School, Glendale High School, or Hoover High School, the attached "Parent Code of Ethics" must be signed by the parent(s) or guardian(s) and returned to the respective athletic office. We look forward to seeing you at the athletic contests and thank you for supporting our vision. If you have any questions, please contact the athletic office of your school: Crescenta Valley High School (818) 249-5871, Glendale High School (818) 242-3161, or Hoover High School (818) 242-6801.

Sincerely,

GUSD Athletic Directors/Administrators

Revised 2015

Glendale Unified School District Athletic Department
Communication Guide

This communication procedure is intended to:

- Encourage solving concerns between the people most directly involved
- Resolve problems in a timely manner
- Assist in communication about concerns and the desired solution
- Provide an orderly process so everyone knows the procedural steps

Communication You Should Expect from Your Child's Coach:

- Team philosophy/expectations
- Locations/times of all practices & games
- Team/school/district/CIF requirements (athletic & academic)
- Participation conduct code/discipline that may result in the denial of your child's participation
- Do not expect your child's coach to discuss playing time, strategies, play calling, or matters concerning other student/athletes. Playing time, strategies, and play calling are left to the coach's discretion.

Level 1 (required before proceeding to Level 2)

Talk to the coach with whom you have the issue. *However you must honor the "24 hour" Rule which states: Do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Generally, meetings of this nature do not promote resolution and may exacerbate the issue. Call/email the coach to set up an appointment.* This person is in the best position to address the issue and has the most information about the concern. Coaches should be contacted directly about: tryouts including cuts from the team and rules and regulations specific to that sport, etc.

In the Glendale Unified School District we hold Varsity coaches accountable for their programs. Concerns about lower level coaches should be directly addressed with that coach first and then with the Varsity coach. The only exception to this "golden rule" is if you think the coach may have broken the law, or the concern is extremely sensitive. If that is the case, you should direct the concern to the athletic director(s) and administrator in charge of athletics.

If you are still not satisfied after talking to the coach

Level 2 (required before proceeding to Level 3)

Talk with an Athletic Director. The Athletic Director(s) will talk with the coach involved, and any other people who may provide useful information in an attempt to help in resolving the issue informally. This should be done in a timely manner, depending upon the nature of the concern. If the investigation of your concern will take longer than one week, the Athletic Director(s) will explain that to you. Of course, we encourage meetings at this level with the coach, parent, student (if necessary) and the athletic director to resolve concerns. <u>For overall concerns about an athletic program please schedule a meeting with the athletic director(s) individually.</u>

If you are still not satisfied after meeting with the coach and athletic director(s)

Level 3 (required before proceeding to Level 4)

Meet with school administration. The contact person is the Assistant Principal in charge of athletics. The Assistant Principal should be contacted before approaching the Associate Principal of your child's school. At this meeting a decision may be made based on information gathered from all stakeholders. The coach or athletic director(s) may be present depending upon the nature of the issue being brought forward. The decision to have the coach and/or athletic director(s) there will be made clear prior to the meeting.

Level 4

If you are still not satisfied, meet with the Associate Principal and/or of your child's school. After receiving a complaint, the Associate Principal/Principal will investigate the complaint. A copy of the written complaint will be provided the coach or other involved parties as appropriate. The investigation will be done in as timely a way as possible. The Principal will review the complaint, conduct additional inquiries, and render a final site decision. The decision will be communicated to the complainant. From that point forward any further appeals can be directed to the Glendale Unified School District office.

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GLENDALE UNIFIED SCHOOL DISTRICT ATHLETICS

Athletic Parent(s) Code of Ethics

(Adapted from the National High School Athletic Coaches Association)

As athletic administrators and coaches, we feel that parents play a vital role in the development of student athletes. Therefore, we believe in the following and expect that as a parent of a Glendale Unified School District athlete you will abide by the following:

- Be a positive role model through your own actions to make sure your child has the best athletic experience.
- Be a "team" fan, not a "my kid" fan.
- Weigh what your children say; they will tend to slant the truth to their advantage.
- Show respect for the opposing players, coaches, spectators, and support groups.
- Be respectful of all officials' decisions.
- Don't instruct your children before, during or after a game or practice, because it may conflict with the coach's plans or strategies.
- Praise student-athletes in their attempt to improve themselves as students, as athletes, and as people.
- Gain an understanding and appreciation for the rules of the contest.
- Recognize and show appreciation for an outstanding play by either team.
- Help your child learn that success is oriented in the development of a skill, and should make a person feel good about themselves, win or lose.
- If you as a parent have a concern, take time to talk with coaches in an appropriate manner including proper time and place. Be sure to follow the designated chain of command (GUSD Athletic Communication Guide).
- Please reinforce our drug and alcohol free policies by refraining from the use of any controlled substances before and during athletic contests.
- Remember that a ticket to a school athletic event is a privilege to observe the contest.
- Booster Clubs exist to support the athletic teams. Whenever possible parents are encouraged to participate in and support fundraisers that benefit all student athletes.
- Failure to follow the Athletic Code of Ethics may result in removal/exclusion from attending sporting events (i.e., games and practices-home and away).

I have read and agree to abide by these principles as a parent of an athlete.

_____ _____

Mother/guardian (print last name, first name) Father/guardian (print last name, first name)

_____ _____

Mother/guardian signature Father/Guardian signature

_____ _____ _____

Student Name (Print last name, first name) ID number Date Signed

Revised 2015

GLENDALE UNIFIED SCHOOL DISTRICT

CONCUSSION INFORMATION SHEET

FACTS:

A concussion is a type of brain injury caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. Concussions can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications, including prolonged brain damage and death if not recognized and managed properly.** A concussion is difficult to see and most sports concussions occur without loss of consciousness. There are a variety of signs and symptoms of concussion that may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms:

- Headaches
- **"Pressure in head"**
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/ comment

Dangers of playing with a concussion or returning to competition too soon

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

The California Interscholastic Federation (CIF) requires that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game be removed from competition at that time and for the remainder of the day and close observation of the athlete should continue for several hours. The student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: http://www.cdc.gov/ConcussioninYouthSports/

(Print) Student-athlete Name	Student-athlete Signature	Date
(Print) Parent or Legal Guardian	Parent or Legal Guardian Signature	Date

Revised 2015

Glendale Unified School District
Athletic Traveling Emergency Information Card

Last Name_____ **First Name**_____ **ID#** _____

Birth date_____ **Age**_____ **Grade**_____ **Sport**_____ **School Year**_____

Address_____

Father's name_____ **Cell #**_____

Home #_____ **Work #**_____

Mother's name_____ **Cell #**_____

Home #_____ **Work #**_____

Medical conditions (i.e., asthma/diabetes)?_____

_____

Any known allergies_____

Any medications currently taking (i.e., ibuprofen)?_____

_____

Any supplements/vitamins currently taking_____

Name of Insurance Company_____

Parent Authorization for Emergency Medical Treatment

Should it be necessary for my child/ward to have medical treatment while participating in this trip/sport, I hereby give the District personnel permission to use their judgment in obtaining medical services for my child/ward and give permission to the physician selected by the District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District has no insurance covering such medical and hospital costs incurred by my child/ward and therefore any cost for such treatments shall be my sole responsibility.

_____ _____

Parent/Guardian Signature of Approval **Date**