WILSON HIGH SCHOOL

ATHLETIC & SPIRIT GROUP HANDBOOK

&

CLEARANCE PROCEDURES AND FORMS

WOODROW WILSON CLASSICAL HIGH SCHOOL

BRUINS

LONG BEACH, CALIFORNIA

FIRST SPORT OR SPIRIT GROUP
# CONTACT INFORMATION & SEASON CALENDAR

## CONTACT INFORMATION

**Principal:** Sandy Blazer  
shblazer@lbschools.net  

**Athletic Secretary:** Colleen Walker  
cwalker@lbschools.net

**Boys’ Athletic Director:** Dana More  
dmore@lbschools.net

**Girls’ Co-Athletic Directors:**
Jeff Evans  
jevans@lbschools.net

A listing of all sports team and spirit group coaches is found on the Wilson Website.

## SEASON CALENDAR

### Fall Sports (September–November)

<table>
<thead>
<tr>
<th>Boys'</th>
<th>Girls'</th>
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<tbody>
<tr>
<td>Cross Country</td>
<td>Cross Country</td>
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<tr>
<td>Football</td>
<td>Golf</td>
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<tr>
<td>Surf</td>
<td>Surf</td>
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<tr>
<td>Water Polo</td>
<td>Tennis</td>
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<td>Volleyball</td>
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### Winter Sports (November–February)

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<tr>
<th>Boys'</th>
<th>Girls'</th>
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<tr>
<td>Basketball</td>
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<tr>
<td>Soccer</td>
<td>Soccer</td>
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<tr>
<td>Surf</td>
<td>Surf</td>
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<tr>
<td>Wrestling</td>
<td>Water Polo</td>
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### Spring Sports (February–May)

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<th>Boys'</th>
<th>Girls'</th>
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<td>Badminton</td>
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<td>Baseball</td>
<td>Gymnastics</td>
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<tr>
<td>Golf</td>
<td>Softball</td>
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<td>Swim</td>
<td>Swim</td>
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<td>Volleyball</td>
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WILSON ATHLETES’ & SPIRIT GROUP MEMBERS’ CODE OF CONDUCT

Participation on a Wilson athletic team or spirit group can be one of the most significant formative experiences in a young person’s life. It gives a great deal of pleasure and builds friendships that can last a lifetime. At Wilson, and in the Long Beach Unified School District, athletic team and spirit group membership is an integral part of the education program. Participation in athletics and spirit groups teaches fair play, sportsmanship, teamwork, perseverance, appreciation for improvement, desire to succeed and excel, self-discipline, responsibility, leadership and quick thinking.

Participation in interscholastic athletics and spirit groups is voluntary. It is a privilege, not a right, and carries with it the responsibilities of courtesy, sportsmanship on the playing field, on the campus, and in the community. Following the Wilson Athletes’ & Spirit Group Members’ Code will aid you in building team morale, discipline, and spirit which are essential ingredients for victories and championships. Not every student can make the team or squad. Therefore, upon doing so, you should take it upon yourself to become the very best athlete and team member possible, for you alone have the power to achieve or fail in these goals.

FUNDRAISING

In addition to game fundamentals, sport team and spirit group membership also includes a responsibility to participate in fund raising activities. Fundraising has become a critical component for many teams and groups. Once funds are raised, the money raised is not refundable and is not transferable to other teams or programs. Although we cannot require athletes or spirit group members to raise funds, we do require all athletes and spirit group members to participate in fund raising endeavors. All such fundraising must be approved by the coach and the principal. No athlete or spirit group can use the name of our school or any team to raise funds unless approved by the coach and the principal.

MANDATORY UNIFORMS AND SPIRIT PACKS

Any portion of the athletic or spirit group member uniform that is mandatory is available to all student athletes and spirit group members selected for membership. All monies collected for the cost of mandatory uniforms comes from fundraising activities and donations. All uniform and other team items that are not mandatory are part of a Spirit Pack and athletes or spirit group members may purchase these items at the price charged by the vendor. No extra charges may be added to the Spirit Packs as a fundraiser for the team.

CONDUCT ON THE FIELD OF PLAY OR EVENT

1. Uses legal tactics.
2. Refrains from using profanity.
3. Is courteous and hospitable to visiting teams.
4. Respects the integrity and judgment of officials and accepts their decisions.
5. Is gracious in defeat and modest in victory.
6. Controls one’s temper and maintains one’s poise.

CONDUCT IN THE CLASSROOM AND ON CAMPUS

1. Maintains prompt and regular attendance.
2. Maintains one’s grades in accordance with C.I.F. and school district rules.
3. Strives to become a good student and citizen.
4. Shows proper respect for faculty, staff, and other students at all times.


CONDUCT OFF CAMPUS

A Wilson High School athlete and spirit group members demonstrate a high standard of conduct, as it reflects not only on oneself, but also on one's team, coach and school.

CONDUCT ON TRIPS

1. Demonstrates a high standard of conduct as a representative of Wilson High School and our community.
2. Respects the property of others.

DRESS AND GROOMING

Dress and grooming standards shall conform to LBUSD and Wilson High School regulations and requirements. Coaches may require that hair be restrained in an appropriate head covering, protective clothing be worn, and other grooming and dress standards that are more restrictive in order to insure compliance with necessary safety procedures.

PHYSICAL CONDITIONING AND TRAINING RULES

An athlete and a member of a Wilson spirit group believes that smoking, drinking or using drugs will not contribute to the betterment of the team or individual performance; therefore, these practices shall not be tolerated. Proper diet and adequate sleep are equally important to the physical conditioning of an athlete and spirit group member. Athletes and spirit group members should protect themselves and their team by adhering to reasonable standards of diet and sleep.

ENFORCEMENT

Lack of adherence to the foregoing standards may result in disciplinary action by the coach, athletic director, and administration of Wilson High School. Violation of the letter or the spirit of the Wilson Athletes' and Spirit Group Members' Code may result in one or more of the following penalties when recommended by the coach and approved by the principal:

1. Placement on probation
2. Removal from a contest
3. Removal from the next scheduled contest(s)
4. Removal from the team
5. Forfeiture of letter, letterman's jacket privileges or like awards

AWARDS

All recommendations for awards originate with the individual team's coach. In order to qualify for an athletic award, an athlete must meet all requirements set forth in Article X of the Moore League Bylaws.

IF YOU HAVE A CONCERN

When concerns arise, please first try to work things out at the player/spirit group member to coach level.

1. Player to coach...After practice or after the game/contest.
2. Player and parent to coach...Schedule an appointment with the coach.
3. Player and parent to Athletic Director...Schedule an appointment with the A.D.
4. Player and parent to Assistant Principal of Athletics...Schedule appointment with Assistant Principal.
5. Player and parent to principal...Schedule an appointment with the principal.

Parent and student signature and acknowledgement that the material contained in the Wilson Athletes' and Spirit Group Members' Code of Conduct has been read and understood and will be followed is required. The signature and acknowledgement page is found on page 9 (Form 1) of this handbook.
WILSON ATHLETICS & SPIRIT GROUP

PARENT/GUARDIAN CODE OF CONDUCT

Parents and Guardians play a critical role in developing their child’s character by modeling and reinforcing appropriate behavior. This is especially true in a competitive environment. The Moore League and the Coaches, Athletic Directors, and Administration of Wilson High School believes that parents’ positive actions, both verbal and non-verbal, serve as effective learning tools for their child.

In order for all Moore League and Wilson events to be a positive, wholesome, and rewarding experience for all involved, the following expectations of conduct must be followed by parents, guardians, and other family members when in attendance at athletic and school events. Failure to follow these expectations of conduct may include, but not be limited to, being denied entrance to Wilson school and Moore League athletic events.

1. Your child’s participation on a team is a privilege, not a right. Keep competition in perspective. It is a part, no: the main focus, of your child’s educational experience. Your child is expected to behave appropriately, which includes good sportsmanship, supporting his/her teammates, and winning and losing with honor. Parents are asked to behave in a similar fashion.

2. Be positive. Encourage your child to do his/her best when competing. Cheer for good play. Refrain from negative comments and gestures.

3. Treat officials with respect. Their job is to do their best to enforce the rules. Do not complain or argue about calls or lack of calls during or after an event.

4. Treat other fans, coaches and others in attendance with dignity and respect. You may not agree with a coach’s strategy, but during or after the game is not the time to discuss your concerns. Schedule an appointment to discuss your concerns with the coach. If you meet with the coach and remain dissatisfied, you may schedule appointments with the athletic director, the athletic administrator, and the principal.

5. Be a role model. Your child is watching you. Set a high standard of behavior so your child can be proud of you. Your behavior can affect your child’s performance. Represent your child, Wilson, and the Moore League with integrity, dignity, and class.

IF YOU HAVE A CONCERN

Follow the procedures outlined in the Wilson Athletes’ and Spirit Group Members’ Code

Parent/Guardian signature and acknowledgement that the material contained in the Wilson Athletics Parent/Guardian Code of Conduct has been read and understood and will be followed is required. The signature and acknowledgement page is found on page 9 (Form 1) of this handbook.
WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION. By its very nature, competitive athletics may put students in situations in which serious, catastrophic, and perhaps fatal accidents may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate or risk. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists. By choosing to participate, you, the student, acknowledge that such risk exists. Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques. As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact the principal for further information.

Parent and student signature and acknowledgement that the material contained in the Warning to Students and Parents has been read and understood is required. The signature and acknowledgement page is found on page 9 (Form 1) of this handbook.

ATHLETIC & SPIRIT GROUP CLEARANCE PROCEDURES

FIRST SPORT OF THE SCHOOL YEAR

All forms in this packet must be completed and turned in to the coach by the deadlines below. If you participate in a second sport, you must turn in a SECOND SPORT PACKET. The deadlines are the same. The SECOND SPORT PACKET is available in the main office from the Athletic Secretary.

FALL SPORTS CLEARANCE FORMS DUE BY AUGUST 1

WINTER SPORTS CLEARANCE FORMS DUE BY OCTOBER 30

SPRING SPORTS CLEARANCE FORMS DUE BY FEBRUARY 1

If you are unable to meet the deadlines above, please contact your coach prior to the deadline.

ACADEMIC ELIGIBILITY

Athletes must have a 2.0 grade point average (GPA) on the report card received at the close of the last grading period. Students with a GPA below 2.0 will either be ineligible for participation or will be on probation. The athletic secretary has the information necessary to determine whether an athlete is ineligible or on probation.
ATHLETIC & SPIRIT GROUP CLEARANCE FORM INFORMATION

THE FOLLOWING FORMS MUST BE COMPLETED AND TURNED IN TO YOUR COACH FOR REVIEW AND CLEARANCE PRIOR TO ANY PARTICIPATION ON A WILSON ATHLETIC TEAM:

Brief descriptions of clearance forms:

FORM 1: ATHLETE'S/SPRIT GROUP MEMBER'S EMERGENCY INFORMATION & STUDENT PARENT/GUARDIAN ACKNOWLEDGEMENT
Once the athlete is cleared, the athletic secretary will give this form to the coach and it will remain on campus for use in case of emergency. This form is also where student athlete/spirit group members/parents/guardians sign to acknowledge that all contents of this Handbook and all forms in this Handbook have been read, understood and will be complied with for the duration of the time the student is enrolled at Wilson. **FORM 1 MUST BE REMOVED AND TURNED IN TO COACH**

FORM 2: PREPARTICIPATION PHYSICAL EVALUATION HISTORY
This checklist is to be filled out by the parent/guardian, brought to the sports physical and then returned to the school with all clearance forms. **FORM 2 MUST BE REMOVED AND TURNED IN TO COACH**

FORM 3: ATHLETIC INSURANCE INFORMATION
Student athletes must have medical accident insurance in order to participate. Private medical insurance, Medical or Myers-Stevens School Insurance are accepted. Myers-Stevens School Insurance is available for students without medical insurance. Forms for Myers-Stevens School Insurance are available from the athletic secretary in the main office. If you choose to purchase Myers-Stevens School Insurance, make checks payable to the insurance company as noted on the application, place the check in the envelope provided (unsealed) and return it with all other athletic clearance forms. Keep this page.

FORM 4: CONCUSSION INFORMATION
All athletes and parents/guardians must read and acknowledge information regarding the signs and symptoms of concussions. This important document includes information regarding what to do in the event of a concussion. Keep this page.

FORM 5: STUDENT/ATHLETE TRAVEL RELEASE
Due to severe cuts in our transportation budget, district bus transportation is often not available for games and events. Whenever possible we try to provide bus transportation to the event. Typically we are unable to provide transportation back to school following the event. Keep this page.

FORM 6: ATHLETIC ELIGIBILITY CHECKLIST
This checklist is used to verify an athlete's eligibility for competition. **FORM 6 MUST BE REMOVED AND TURNED IN TO COACH**

FORM 7: PREPARTICIPATION PHYSICAL EXAMINATION
Take this form with you to the doctor. A medical doctor must sign this form. A physical examination performed by a medical doctor is required each school year. Our school nurse can provide a listing of local doctors who perform sports physical examinations if you need help locating a physician. **FORM 7 MUST BE REMOVED AND TURNED IN TO COACH**

FORM 8: PHYSICAL CLEARANCE
Take this form with you to the doctor. It must be completed by a physician. **FORM 8 MUST BE REMOVED AND TURNED IN TO COACH**
FORM 1: ATHLETE'S/SPRINT GROUP MEMBER'S
FIRST SPORT EMERGENCY INFORMATION AND CLEARANCE

This form must be removed from the handbook, filled out, and returned to the coach before athletic/sprint group clearance can be issued.

Name of Sport/Sprint Group: ___________________________  Female  Male

Student Name: Last ___________________________ First ___________________________ M.I. ______ Grade ______

Student's Home Address ___________________________________________ City/Zip ______________

Please list Parent(s)/Guardian(s) you are living with full time:

Parent(s)/Guardian(s) name(s) ___________________________________________

Home Phone ___________________________ Work Phone ___________________________ Cell __________________

If parent(s)/guardian(s) cannot be reached in case of an accident, list other emergency contact:

Relative/Friend's Name: ___________________________________________ Phone: ___________________________

Health Insurance Information: My son/daughter (or ward) is covered for the above activity under our family Health/Medical Plan which provides a minimum coverage as described in the "Athletic Insurance Information" (Form 1) in this handbook.

Name of Insurance Co.: ___________________________ Policy #: ___________________________ Group #: ___________________________

Name of Parent/Guardian Insured ___________________________ 

If purchasing Myers/Stevens School Insurance: Date ______ Type ______ Option (circle one) High Low ______

Doctor's Name ___________________________ Doctor's Phone number ___________________________

Consent to Treat a Minor: I, the undersigned parent/guardian do hereby authorize Wilson High School's athletic trainer and staff to evaluate and, if deemed necessary, provide first aid and/or therapy treatment. These findings, recommendations and provisions would be discussed with the parent/guardian before any long term treatment would be instituted. The authorization shall remain effective until revoked in writing. In the event of an accident or emergency, I give permission for the school authorities to transport my child to any available doctor or hospital, or request their services.

1. This will acknowledge that we are aware of Wilson's Truancy Policy and we will clear any absence within three school days from the first day of returning to school with a written note signed by the parent/guardian delivered to the Attendance Office. Failure to clear absences may place an athlete on ineligibility status for the next 30 days.

2. This will acknowledge that we have read, understand, and we will comply with all information contained in the Wilson High School Athletic and Sprint Group Handbook and Clearance Procedures. This includes all Codes of Conduct, Warnings, Clearance Procedures, Insurance Information, Concussion Information, Travel Release Procedures, Physical evaluation and examination procedures, and requirements, and emergency information.

Athlete's Name ___________________________ Athlete's Signature ___________________________ Date ______

Parent/Guardian's Name ___________________________ Parent/Guardian's Signature ___________________________ Date ______

Parent/Guardian's Name ___________________________ Parent/Guardian's Signature ___________________________ Date ______

OFFICE USE ONLY

| Ath Seq # | Injury | SATRF | Residency | Academics | Physical Date |
|__________|_______|_______|___________|___________|_____________
| Nurse | Comments ___________________________ |

Admin. Signature ___________________________ Date ______

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This form must be removed from the handbook, filled out, and returned to the coach before athletic/spirit group clearance can be issued.

Date of Physical Exam ____________________________

Name ____________________________ Sex _____ Age ______ Date of Birth ______

Grade ______ School ______ Sport(s) ______

Address ____________________________

Personal Physician ____________________________ Physician's Phone Number ______

Explain "YES" (Y) answers below. Circle questions to which you do not know the answers.

1. Has a doctor ever denied or restricted your participation in sports for any reason? [Y/N]
2. Have you ever used an inhaler or taken asthma medicine? [Y/N]
3. Do you have a medical condition (like diabetes or asthma)? [Y/N]
4. Are you currently taking any prescription or over-the-counter medicines or pills? [Y/N]
5. Do you have allergies to medication, pollen, food or insects? [Y/N]
6. Have you ever eaten a cake or doughnut or have been allergic to a food? [Y/N]
7. Have you ever been diagnosed with a skin problem? [Y/N]
8. Do you have a heart murmur or heart condition? [Y/N]
9. Have you ever had a heart murmur or heart condition? [Y/N]
10. Does your family have a history of heart disease? [Y/N]
11. Has anyone in your family died of a stroke or heart attack? [Y/N]
12. Have you ever been treated for a heart murmur or heart condition? [Y/N]
13. Do you have a family history of heart disease or stroke? [Y/N]
14. Has your family member ever had a heart attack or stroke? [Y/N]
15. Have you ever had a heart murmur or heart condition? [Y/N]
16. Have you ever taken medicine for asthma? [Y/N]
17. Have you ever been treated for asthma? [Y/N]
18. Have you ever had a cold or flu? [Y/N]
19. Have you ever been treated for a cold or flu? [Y/N]
20. Have you ever been treated for a respiratory infection? [Y/N]
21. Have you ever been treated for a cold or flu? [Y/N]
22. Have you ever used a brace or splint to treat an injury? [Y/N]
23. Have you ever had a broken bone or dislocated joint? [Y/N]
24. Have you ever had a Concussion? [Y/N]
25. Have you ever had a concussion? [Y/N]
26. Have you ever had a head injury or concussion? [Y/N]
27. Have you ever been treated for a head injury or concussion? [Y/N]
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97. Have you ever been treated for a head injury or concussion? [Y/N]
98. Have you ever been treated for a head injury or concussion? [Y/N]
99. Have you ever been treated for a head injury or concussion? [Y/N]
100. Have you ever been treated for a head injury or concussion? [Y/N]

Explain "YES" (Y) 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/Spirit Group member ____________________________ Date ______

Signature of Parent/Guardian ____________________________ Date ______
FORM 3: ATHLETIC INSURANCE INFORMATION

By signing the Student/Parent Acknowledgement regarding Athletic Insurance (bottom of FORM 1), I hereby certify, under penalty of perjury, that the pupil named on the Emergency Information and Clearance Form (Form 1) is covered by valid insurance, which provides the following:

(1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts (Ed Code 32221):
   (a) A group or individual medical plan with accidental benefits of at least two hundred dollars ($200) for each occurrence and major medical coverage of at least ten thousand dollars ($10,000), with no more than one hundred dollars ($100) deductible and no less than eighty percent (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 one thousand five hundred dollars ($1,500)
   (c) At least one thousand five hundred dollars ($1,500) for all such medical and hospital expenses.

(2) I hereby agree that this policy shall not be cancelable without at least 10 days prior written notice to the district.

"Insurance protection in any of the above amounts shall be provided through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Federation Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the school district or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents ($3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Division of Industrial Accidents of the State of California, effective October 1, 1996." (Ed. Code 32221). I will maintain the above coverage during the current school year or will immediately notify the school of the coverage terminates or does not meet the above requirements.

NOTE: Effective January 1, 1981, Ed Code Section 32221 was amended to delete the requirement that accidental death insurance be provided.

Ref. Ed Code Sections 32220-32224
FORM 4: CONCUSSION INFORMATION

Long Beach Unified School District

Wilson High School

By signing the Student/Parent Acknowledgement regarding Concussion Information (bottom of FORM 5), you acknowledge that you have read, you understand, and will comply with the information regarding concussions.

A concussion is a brain injury and all brain injuries are serious. They are 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. They 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. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion 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, see medical attention right away.

<table>
<thead>
<tr>
<th>Symptoms may include one or more of the following:</th>
<th>Signs observed by teammates, parents &amp; coaches include:</th>
</tr>
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<tbody>
<tr>
<td>• Headaches</td>
<td>• Appears Dazed</td>
</tr>
<tr>
<td>• &quot;Pressure in head&quot;</td>
<td>• Vacant facial expression</td>
</tr>
<tr>
<td>• Nausea or vomiting</td>
<td>• Confused about assignment</td>
</tr>
<tr>
<td>• Neck pain</td>
<td>• Forgets plays</td>
</tr>
<tr>
<td>• Balance problems or dizziness</td>
<td>• Is unsure of game, score, or opponent</td>
</tr>
<tr>
<td>• Blurred, double, or fuzzy vision</td>
<td>• Moves clumsily or displays incoordination</td>
</tr>
<tr>
<td>• Sensitivity to light or noise</td>
<td>• Answers questions slowly</td>
</tr>
<tr>
<td>• Feeling sluggish or slowed down</td>
<td>• Shurred speech</td>
</tr>
<tr>
<td>• Feeling foggy or goggly</td>
<td>• Shows behavior or personality changes</td>
</tr>
<tr>
<td>• Drowsiness</td>
<td>• Can't recall events prior to hit</td>
</tr>
<tr>
<td>• Change in sleep patterns</td>
<td>• Can't recall events after hit</td>
</tr>
<tr>
<td></td>
<td>• Seizures or convulsions</td>
</tr>
<tr>
<td></td>
<td>• Any change in typical behavior or personality</td>
</tr>
<tr>
<td></td>
<td>• Losses consciousness</td>
</tr>
</tbody>
</table>

What can happen if my child keeps on playing with a concussion or returns to sport? 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 in 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 safety.

If you think your child has suffered a concussion: Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance from a licensed physician (not a chiropractor). Close observation of the athlete should continue for several hours. CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the competition at that time and for the remainder of the day."

And

"A 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 (physician)."

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. When in doubt, the athlete sits out.

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

Adapted from the CDC and the 35th International Conference on Concussion in Sport: Document created 5/10/2010
Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur
- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA
- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or un repaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?
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. 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. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

<table>
<thead>
<tr>
<th>Student-Athlete Signature</th>
<th>Print Student-Athlete's Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature</td>
<td>Print Parent/Guardian's Name</td>
<td>Date</td>
</tr>
</tbody>
</table>

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
http://www.cifstate.org

Eric Paredes Save A Life Foundation
http://www.spsavaelife.org

National Federation of High Schools
(20-minute training video)
https://nfhslearn.com/courses/61032
FORM 6: Student/Athlete Travel Release

Long Beach Unified School District

Wilson High School

By signing the Student/Parent Acknowledgement (bottom of Form 1) regarding Student/Athlete Travel Release, you acknowledge that you have read, you understand, and will comply with the following:

LBUSD’s transportation budget continues to be cut. This has necessitated some changes in the way we do business in order to meet our budget. Many districts have resorted to sizeable “transportation fees” to accommodate their sports and extracurricular programs. LBUSD would like to avoid resorting to this type of financial burden on the parents, but we need your assistance in the form of the travel acknowledgement below. Although each sport/activity will be evaluated case by case, generally our policy is: when a team travels to a local school, bus transportation will be provided only to the location. It is the responsibility of the parents to arrange for their child to be picked up at the designated location following the event. Our coaches/supervisors will communicate the dates, times and specific locations where the students are to be picked up. Students who are not picked up on time, regardless of the reason, may be excluded from future competitions/events. If providing transportation home from these events at the designated time is a problem, then we encourage you not to allow your child to participate in any away games/activities. Budget cuts are difficult for everyone, but we all must do our part. We appreciate your support in this matter.

Parent will allow child to make arrangements for travel to and/or from athletic or spirit events and activities for the school year covered on the acknowledgment form.

Parent acknowledges and understands that the adult/student driver is not providing transportation of behalf of, or as an agent of, or at the direction of, the Long Beach Unified School District or Wilson High School. Further, the parent understands that neither the district nor the school has verified health or fitness of driving record of the student/adult driver, compliance with licensing requirements or financial responsibility laws of the state, or the mechanical condition of the vehicle.

Parent fully understands that neither the district nor the school is in any way responsible, nor does the district or the school assume liability for any injuries or losses resulting from this non-district and non-school sponsored transportation. Although the Long Beach Unified School District or its employees may suggest travel time, routes, or carpooling to or from an event, the parent fully understands that such suggestions are not mandatory.

Parent understands that permitting their son/daughter to travel to and/or from Long Beach Unified School District event or activity in the vehicle of an adult/student driver is not under the supervision of the Long Beach Unified School District or Wilson High School. The parent shall hold harmless, indemnify, voluntarily release, discharge, waive and relinquish any and all claims, actions or causes of action of any nature whatsoever, including but not limited to, personal injury, property damage or wrongful death, however caused, occurred, arose, resulted from, or in connection with said travel.
FORM 7: Athletic Eligibility Check List

This form must be removed from the handbook, filled out, and returned to the coach before athletic/spirit group clearance can be issued.

Date: ___________________  Student ID number: ___________________  Gender (check) ___ M ___ F

1. Student Name: ___________________  Age: ___  Birthday: _________  Date of Physical: ___________________

2. Name of Sport: ___________________  Grade (check) ___ 9th ___ 10th ___ 11th ___ 12th

3. Did you attend Wilson High School last year? ___ Yes ___ No  If YES, go to line 4, if NO, what school did you attend?

   Please list your last year's school address: ___________________  City/State/Zip __________

   Please list your last year's home address: ___________________  City/State/Zip __________

   Please list the name of your parents/guardians/siblings you lived with last year.

If this is a High School to High School transfer, please check one. If this does not apply to you, continue to line 4.

   ___ Due to change of address (within state of California)  Submit verification of bona fide residence
   ___ Due to change of school (within the state of California)  Submit CIF Transfer Eligibility/Pre-Enrollment paperwork
   ___ Due to change of school (outside the state of California)  Continue to line 4
   ___ Due to hardship (within the state of California)  Submit verification of hardship

4. Please list last school year's grade level, school, and athletic participation:

   Grade  Season  Name of School  Sport(s)

   Example: 9th  Fall  Wilson High School  Tennis

   ___  9th  Fall __________  __________
   ___  9th  Winter __________  __________
   ___  9th  Spring __________  __________

5. Citizenship:
   At the time of withdrawal from your previous school, were you on suspension or expulsion? ___ Yes ___ No
   Are you attending this school due to an administrative or disciplinary transfer? ___ Yes ___ No

6. Special or Inter-District Transfer:
   Are you attending this school on an Inter-District transfer? ___ Yes ___ No
   Are you attending this school on a Special Transfer? ___ Yes ___ No
   What is your present home address? ___________________  City/Zip Code __________
   Please list the names of your parents/guardians/siblings with whom you currently live.

Deliberate failure to submit correct and true information may result in the following PENALTIES:
   a. A forfeiture of all games in which the student participated AND/OR
   b. Disqualification from playoff and championship competition for all seasons in which the student is a member of the school's team. (A student shall be considered a member of the school's team if he or she participated in any aspect of an interscholastic contest, no matter how brief such participation may have been.) AND/OR
   c. The forfeiture of all games or events won during the time the student was a member of the school's team AND/OR
   d. The disqualification from the school of all trophies, banners and other indicators of athletic success obtained while the student was a member of the school's team.

NOTE: Students transferring to another school under any provision of the federal government's "No Child Left Behind" are not residentially eligible at their new school. However, a student may become eligible under the provisions of the appropriate Section and CIF State Constitution and Bylaws.

Student Signature: ___________________  Date: __________

Parent Signature: ___________________  Date: __________

OFFICE USE ONLY:

Documents Needed: ___ Transfer Eligibility  ___ Bona fide Residence  ___ Hardship

Results

15
FORM 8: Pre-participation Physical Examination

This form must be removed from the handbook, filled out, and returned to the coach before athletic/sport group clearance can be issued.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
</table>

Height | Weight | % Body Fat (optional) | Pulse | BP | / | / |

Vision R 20/ | L 20/ | Corrected: Y | N | Pupils: Equal | Unequal | Hearing |

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/ears/nose/throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murmurs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (males only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSCULOSKELETAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/Arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/thigh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg/ankle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/toes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Multiple-examiner set-up only +Having a third party present is recommended for the genitourinary examination

Notes:

Name of physician (print/type) | Date
Address | Phone
Signature of physician

Address/Facility stamp (physical will NOT be accepted without stamp) | Date of physical

A booster Tetanus/Diphtheria vaccine is recommended 10 years after last date in initial series.

Date Tdap booster given
FORM 8: PHYSICAL CLEARANCE

(To be completed by Physician)

Name ____________________________________ Sex ____ Age ____ Date of Birth _______ Grade ______

☐ Cleared without restriction for ALL SPORTS

☐ Cleared without restrictions for certain sports (List Sports) ________________________________________

☐ Cleared, with recommendations for further evaluation or treatment for: ________________________________

☐ Not Cleared – Reason ____________________________

Recommendations: ____________________________________________

Circle any of the following that apply: Diabetes Seizures Asthma Heart Condition Allergies

List allergies: _____________________________________________

List medications currently being taken: __________________________

Other Information __________________________________________

Name of physician (print/type) ___________________________ Todays Date ______

Address _______________________________________________ Phone ____________

Signature of physician ____________________________, MD or DO

Address/Facility stamp (physical will NOT be accepted without stamp) Date of Physical __________________

_____________________________________________________

To be completed by the School Nurse only

I have reviewed the PHYSICAL EXAMINATION AND CLEARANCE REPORT

Nurse’s Signature ______________

Sport: ________________________________ Date of Physical __________________