

2015 ~ 2016



MVHS ATHLETIC PARTICIPATION HANDBOOK

- Fill out this application on line
- Save to your computer
- Email as an attachment to kmason@murrieta.k12.ca.us in the subject line type: Athletic Application.
- Print the LAST PAGE to take with you when you get your physical.
- Make sure to **bring** your **SIGNED** physical to Karee Mason in the athletic department.
- Your application **will not** be approved until you receive a clearance sheet from the athletic department to give to your coach.



MURRIETA VALLEY UNIFIED SCHOOL DISTRICT

Board of Education

Kris Thomasian • Robin Crist • Paul Diffley • Ken Dickson • Barbara Muir

Superintendent

Pat Kelley

For more information, visit our website

WWW.murrieta.k12.ca.us and click on the "Athletics" Link

MURRIETA VALLEY HIGH SCHOOL

42200 NIGHTHAWK WAY

MURRIETA, CA 92562

951.696.1408 Athletic Department

Athletic Director: Darin Mott ext. 5256

Athletic Secretary: Karee Mason ext. 5261

951.304.1803 Athletic Department Fax

ATTENTION ** ATHLETES

CALIFORNIA INTERSCHOLASTIC FEDERATION

CIF Southern Section

Academics/Integrity/Athletics

CONDENSED ELIGIBILITY RULES

STUDENTS, TO PROTECT YOUR ATHLETIC ELIGIBILITY YOU MUST:

- Be under nineteen years of age prior to June 15
- Have reached the ninth grade
- Participate in no more than four seasons of the same sport after enrolling in the ninth grade
- Be scholastically eligible
- File an Application for Residential Eligibility if you have transferred from another school without a corresponding bona-fide change of residence by your parents/guardians, or you are a foreign student
- Since entering the ninth grade, not be in your ninth semester of attendance
- Meeting citizenship requirements
- Maintain amateur standing
- Not have participated in any tryout for a professional team
- Maintain in your school files an annual physical examination certifying that you are physically fit to try out and/or participate in athletic activities

YOUR ELIGIBILITY IS SUBJECT TO SPECIAL RULES:

(Questions should be directed to your school Coach and/or Athletic Director)

- Competition with an outside team during your high school season in the same sport is prohibited
- Participation on the varsity football team is prohibited until you have reached your 15th birthday (14 with a letter from your physician and parent)
- If you transfer from one school to another without a bona-fide change of residence by your parents/guardians, your eligibility is subject to special rules which may include non-participation at the varsity level.
- Students may participate in All-Star competition, between conclusion of the Southern section season of sport and September 1

You are urged to check with the Athletic Director or Coach
if you have any questions regarding your eligibility.
Competing when you are eligible could subject your team to forfeiture.
If you are in doubt as to your eligibility status

CHECK IT OUT!

ATHLETIC PERIOD P.E. POLICY

The philosophy of the athletic period class is to encourage all athletes to participate in the entire athletic program. Sometimes an athlete chooses to participate in one sport only. The following policy will be in effect.

FRESHMAN, SOPHOMORE, AND JUNIORS:

All members of athletic teams will participate in a prescribed program with the particular sport coach throughout the semester. If an athlete drops a sport or is dropped from the sport by the coach, he/she will receive an “F” grade for athletics. The student will receive a schedule change into regular athletic period P.E. if class is available. The final semester grade will be determined by averaging the grade earned in athletic period P.E. with the “F” form athletics. If the athlete is off the team and the school has no athletic period P.E. class, the student will remain with that coach for a grade, but not take part in the practices and games.

QUITTING A SPORT:

Only upon mutual agreement of both coaches and athletic director may an athlete drop one sport to go out for another sport. If an athlete quits a sport to go out for another, he/she will not be allowed to work out or practice until the season of the first sport is over.

JUNIORS AND SENIORS:

If a junior or senior completes a sport season in good standing with his/her coach and decides not to participate in another sport, he/she will be allowed to make a choice between; (a) remaining in athletic period P.E. (for a grade) as a regular student or (b) he/she may drop the class and receive no credit and no grade from his/her coach (with parent permission). This policy pertains only to those juniors and seniors who DO NOT require an athletic grade for graduation. If credit is needed the athlete MUST stay with his/her coach or in the athletic period P.E. class. If an athlete chooses to drop, he/she must fill out the “Athletic Class Drop Approval” form – a sample of which is below (obtain the form from the athletic office). If he/she chooses the second option, he/she must leave campus after 5th period. If he/she doesn’t honor this privilege, he/she will be put back onto a athletic period roll sheet and be required to participate and be graded as a regular P.E. student. A student who doesn’t complete the sport season will remain in the athletic period P.E. class and be graded as a regular student through semester.

SAMPLE “ATHLETIC CLASS DROP” APPROVAL FORM

_____ has completed his/her season of sport and according to the school policy, has decided to drop athletics without credit or a grade. This goes into effect as of _____, after the signatures below have been obtained.

TO THE STUDENT: For approval of this form, the following signatures must be obtained: I, also, understand that if approved, I must leave the school grounds after 5th period each day.

Student _____ Date _____

Parent _____ Date _____

Coach _____ Date _____

Athletic Director _____ Date _____

Learning Coordinator _____ Date _____

(PLEASE OBTAIN THIS FORM FROM THE ATHLETIC OFFICE)

MURRIETA VALLEY HIGH SCHOOL NIGHTHAWKS SPORTS

Soon you will become a Murrieta Valley “Nighthawk.” The Nighthawks have a proud athletic tradition that is well known in Southern California. We invite you to be a part of the Nighthawk Tradition. Incoming 9th graders are encouraged to get involved in activities and do their best in the classroom. We recommend that a 9th grade student athlete participate in 2 or 3 sports during their high school career. This is a great opportunity to be involved in as many sports as possible to find out about your skills as an athlete. The following is a list of sports offered at Murrieta Valley High School:

| <u>FALL SPORTS SEASON</u> <u>(July to Mid-November)</u> <u>MENS SPORTS</u> | <u>WINTER SPORTS SEASON</u> <u>(November to Mid-February)</u> <u>MENS SPORTS</u> | <u>SPRING SPORTS SEASON</u> <u>(February to Mid-May)</u> <u>MENS SPORTS</u> |
|---|---|---|
| FOOTBALL (Varsity, JV, Frosh) CROSS COUNTRY (Varsity, JV) WATER POLO (Varsity, JV) | BASKETBALL (Varsity, JV, Frosh) SOCCER (Varsity, JV) WRESTLING (Varsity, JV, Frosh) | BASEBALL (Varsity, JV, Frosh) TRACK (Varsity, JV, Frosh) TENNIS (Varsity, JV) GOLF (Varsity, JV) SWIMMING (Varsity, JV, F/S) |
| <u>WOMENS SPORTS</u> VOLLEYBALL (Varsity, JV, F/S) CROSS COUNTRY (Varsity, JV) TENNIS (Varsity, JV) GOLF (Varsity, JV) | <u>WOMENS SPORTS</u> BASKETBALL (Varsity, JV, Frosh) SOCCER (Varsity, JV) WATER POLO (Varsity, JV) | VOLLEYBALL LACROSSE <u>WOMENS SPORTS</u> SOFTBALL (Varsity, JV, Frosh) TRACK (Varsity, JV, Frosh) SWIMMING (Varsity, JV, F/S) LACROSSE |

Murrieta Valley competes in the Southwestern League, one of the most competitive leagues in all of California. Other schools in the league are Chaparral, Temecula Valley, Great Oak, Murrieta Mesa, and Vista Murrieta. For more information contact:

Darin Mott, Athletic Director at 951-696-1408 x5256.

MURRIETA VALLEY NIGHTHAWK ATHLETICS
QUESTION & ANSWERS

What do I need to be able to play sports at Murrieta Valley High School?

1. Live with your parents or a legal guardian
2. Have parent permission to play and have completed **MVHS Athletic Participation Handbook**
3. Have a physical completed by a medical doctor. This physical is good for one school year. Physicals will be given at MVHS in the spring.
4. Have Insurance that covers you for sports. Athletic insurance is available in the Athletic Office.
5. Be academically eligible.
6. Have completed **MVHS Athletic Participation Handbook**.

What is meant by the term “academic eligibility”, as per CIF rules, all students...

All students involved in co-curricular activities must pass AT LEAST 4 classes and earn AT LEAST a 2.0 G.P.A. (C average). A student who falls below the 2.0 level will be ineligible for participation until the next grading period. If you achieve a 2.0 or above you will then become eligible. Incoming freshman athlete's that are below a 2.0 GPA will begin their athletic season on probation. If still under a 2.0 GPA at first grading period, the student will become ineligible.

If my son/daughter drops below a 2.0 G.P.A. after any 6 week grading period, what happens to him/her?

By CIF rules, an athlete that is below a 2.0 GPA cannot participate in any game or scrimmage against another school, he/she may practice in a probationary status until the GPA is raised above the 2.0 at the next grading period. This “probationary” status will be determined by the head coach of the sport, in conjunction with the Athletic Director. In some cases, the athlete is dropped from the team and placed in another P.E. class, and in others the athlete could remain on the team for practice in a “probationary” role.

Will I have to try-out to play on a team?

The following sports will require a try-out: Boys & Girls Tennis, Volleyball, Boys & Girls Basketball, Boys & Girls Soccer, Boys & Girls Golf, Softball, Baseball, Swim, as well as Track and Field.. The specific coach will determine team placement based on try-outs. Not all students on a team are guaranteed playing time. Please remember, participating in athletics at Murrieta Valley High School is a privilege, and not a right.

How many sports can I play each season?

One per season, there are three seasons per year. It is an honor to be a three-sport athlete. You are free to choose the sport you wish to play. We encourage you to try different sports.

Do Freshmen play only on the freshmen team?

In most sports, yes, but, if an athlete is good enough, he/she can play at a higher level. Provided that any age requirement is met.

How do I earn a varsity letter?

Each sport has its own criteria for earning a varsity letter. Athletic letters can be purchased for the cost of \$10.00 with ASB card, or \$15.00 without ASB card.

Do all athletes have athletic Period P.E. Class?

No. All athletes on the Varsity and JV level must be enrolled in the athletic period assigned for their sport, 9th grade level teams will practice after school.

When a season of sport is over, can my child be transferred to another academic subject?

No, a transfer to another academic subject will take place only at the semester.

Are grades assigned for taking athletics P.E. Class?

Yes, all students in Athletics Period will receive a grade that will count towards graduation.

Does an athlete “have to” participate in a summer program?

No, but those athletes that “do take part” will enhance their chances of making the team during the try-outs when school starts. With the school increasing in size, the Athletic Department strongly recommends participation in a summer program. The summer program also gives the student athlete a chance to become familiar with the coaches of a specific program. It will also give the coaches an opportunity to become familiar with the skills/talent level(s) of the prospective student athletes.

What happens if my child gets hurt while participating in athletics? Is there a certified trainer on staff?

Yes, we have a certified/teacher trainer on staff. He is available after school for practices and games. He is available for prevention, treatment, and rehabilitation of athletic injuries. We recommend the athlete see the trainer as soon as possible following an injury to receive proper care and for parental notification. For any serious type injury, the parents should seek immediate medical attention. All athletes will be referred to the trainer by his/her coach.

Sport: Click here to enter text. **School Attended Last Year:** Click here to enter text. **Gender:** Click here to enter text.

EMERGENCY CONSENT & INSURANCE INFORMATION

Athlete's Name: Click here to enter text.

Phone: Click here to enter text.

Address: Click here to enter text.

Parent or Guardian's Name: Click here to enter text.

Address (If different): Click here to enter text.

Employer: Click here to enter text. Work Phone: Click here to enter text. Ext: Click here to enter text.

Other Parent/Guardian's Name: Click here to enter text. Phone: Click here to enter text.

Address (If different): Click here to enter text.

Employer: Click here to enter text. Work Phone: Click here to enter text. Ext: Click here to enter text.

In the absence of parent/guardian, please call (in case of illness or accident):

Name: Click here to enter text. Phone: Click here to enter text.

INSURANCE AND PHYSICIAN INFORMATION

☐ My son/daughter (or ward) is covered for athletic activity under our family Health/Medical Plan that provides a minimum coverage of \$1,500 as required by Education Code Number 32220-24. This is not administered by the school district. **MVUSD is to be notified if insurance is terminated.**

Insurance Company Name: Click here to enter text. Policy Number: Click here to enter text. Group Number: Click here to enter text.

☐ I have school insurance (Myers-Stevens & Toohey & Co.) on file.

Family Physician's Name: Click here to enter text. Phone: Click here to enter text.

Serious Medical Conditions: Click here to enter text.

Allergies (list): Click here to enter text.

CONSENT

☒ YES ☐ NO The Student named above has my permission to engage in co-curricular activities, including travel.

TRAINER CONSENT

☐ YES ☐ NO I give permission to the Athletic Trainer to administer immediate first-aid, follow-up treatment, and rehabilitation when appropriate in his/her professional judgment and /or as recommended by the consulting physician.

TREATMENT CONSENT

☐ YES ☐ NO In the event of accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital, or request their services. I (we) grant consent to any and all healthcare providers to provide my (our) child with any necessary medical care as a result of any injury or illness.

IF YOUR ANSWER IS NO, PLEASE ADVISE THE SCHOOL AS TO WHAT ACTION YOUR WOULD LIKE TAKEN:

Click here to enter text.

I/we hereby consent that in the event that I/we cannot be reached in an emergency, I/we hereby grant permission to physicians selected by the coaches and staff of the Murrieta Valley Unified School District to secure proper treatment including hospitalization, injections. And/or anesthesia and surgery for the person named above. Any restrictions to this are listed below:

Click here to enter text.

Electronic Signature:

Click here to enter text.

☐ I understand that checking this box constitutes a legal signature.

Murrieta Valley High School



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, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|

Murrieta Valley High School



What can happen if my child keeps on playing with a concussion or returns to 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 athlete 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

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. Close observation of the athlete should continue for several hours. The new 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 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”.

You should also inform your child's coach if you think that your child may have a concussion Remember its 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/>

Student-athlete Electronic Signature: Click here to enter text. **Date:** Click here to enter a date.

Parent or Legal Guardian Electronic Signature: Click here to enter text. **Date:** Click here to enter a date.

☐ I understand that checking this box constitutes a legal signature/s.

RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE

Athlete's Name: [Click here to enter text.](#) Sports: [Click here to enter text.](#)

Address: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Parent/Guardian Name (s): [Click here to enter text.](#)

Emergency Phone: [Click here to enter text.](#)

WARNING OF POSSIBLE SERIOUS INJURY – SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETICS.

By its very nature, competitive athletics, including tryouts, may put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL ACCIDENTS may occur. 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 the risk of injury. Just as driving an automobile involves the risk of injury; 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 physical impairments as a result of athletic participation. By granting permission for your child to participate in athletics and signing the consent to participate, 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 or work 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 risks of serious, catastrophic, or even fatal injury. If any of the foregoing is not completely understood, please contact your School Principal or Athletic Director for further information.

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter to participate in the district sponsored athletic activities. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include but are not limited to the following:

- | | | | |
|--------------------|--------------------------|-----------------------------|-----------|
| 1. Sprains/strains | 4. Paralysis | 7. Nick and Spinal injuries | 10. Death |
| 2. Fractured bones | 5. Loss of eyesight | 8. Brain damage | |
| 3. Unconsciousness | 6. Communicable diseases | 9. Internal organ injury | |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the 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 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 which is incident to and or associated with preparing for and/or participating in this activity.

VOLUNTARY TRANSPORTATION ATHLETIC AGREEMENT

I understand the Murrieta Valley Unified School District IS providing transportation to and from most athletic events. However, there will be times when my son/daughter will not travel by district mode. I also understand that if traveling in personal vehicle, it is up to the discretion of the coach to determine if my son/daughter will be allowed to play in that particular game/match. The student listed hereby requests permission to provide for his/her own transportation at his/her own expense. This form will be good for the entire athletic school year.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY FOR ANY INJURIES OR LOSSES RESULTING FROM THE NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING TRANSPORTATION AND/OR RECOMMEND TRAVEL TIMES, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

AS PARENT/LEGAL GUARDIAN, I HEREBY AUTHORIZE AND GIVE PERMISSION FOR MY CHILD TO DRIVE HIMSELF/HERSELF OR TO RIDE AS A PASSENGER IN A VEHICLE DRIVEN BY ANOTHER STUDENT OR PARENT. I ALSO UNDERSTAND THAT THE DRIVER IS NOT DRIVING AS AN AGENT OR ON BEHALF OF THE DISTRICT.

CONSENT TO PARTICIPATE

By signing below I/we assume all risks involved with participation in athletics as outlined in all sections of this form.

Student Athlete Electronic Signature: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Parent/Guardian Electronic Signature: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

☐ I understand that checking this box constitutes a legal signature/s.

ATHLETIC HISTORY/STUDENT-PARENT PLEDGE

Falsification of any portion of this document may result in forfeiture of individual and team eligibility and loss of record. All items MUST BE completed before application will accepted for consideration.

NAME: [Click here to enter text.](#)

ADDRESS: [Click here to enter text.](#)

| | Schools Attended | Sport(s) & Level Played | Year |
|-------------------------|---|---|---|
| 9 th Grade: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 10 th Grade: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 11 th Grade: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

I reside with:

Both Parents: ☐ My Mother: ☐ My Father: ☐ Guardian: ☐

My Residence is within the schools boundaries: Yes ☐ No ☐

If no, I attend Murrieta Valley High School on an Inter ☐ or Intra ☐ District Transfer

CIF ATHLETES CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of it students. It is within this context that the following Code of Ethics is presented.

As an Athlete, I understand that it is my responsibility to:

1. Place academic achievement as a high priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgement of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and us it safely and appropriately
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States, or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

I have read and agree to abide by all regulations in the Athletic Contract for the Murrieta Valley Unified School District and any rules set forth by individual coaches. If I have any questions or need any clarification on any part of the booklet it is my responsibility to request this information form the Athletic director or Principal. A copy of the form is kept on file in the Athletic Directors Office at the local high school on an annual basis.

Student Athlete Electronic Signature: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Parent/Guardian Electronic Signature: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

☐ I understand that checking this box constitutes a legal signature/s.

CIF PARENTS CODE OF ETHICS

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good Character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship (The “Six Pillars of Character” sm). The highest potential of sports is achieved. When all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child’s sports experience.

TRUSTWORTHINESS

- “ *Trustworthiness*—Be worthy of trust in all you do.
- “ *Integrity*—Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what’s right even when it’s unpopular or personally costly.
- “ *Honesty*—Live honorably. Don’t lie, cheat, steal, or engage in any other dishonest conduct.
- “ *Reliability*—Fulfill commitments. Do what you say you will do.
- “ *Loyalty*—Be loyal to the school and team; Put the interests of the team above your child’s personal glory.

RESPECT

- “ *Respect*—Treat all people with respect at all times and require the same of your student-athlete.
- “ *Class*—Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre and post-game rituals.
- “ *Disrespectful Conduct*—Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- “ *Respect for Officials*—Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

- “ *Importance of Education*—Support the concept of “being a student first.” Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.

- “ *Role Modeling*—Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.
- “ *Self-Control*—Exercise self-control. Don’t fight or show excessive displays of anger or frustration.
- “ *Healthy Lifestyle*—Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-the-counter nutritional supplements, as well as of unhealthy techniques to gain, lose or maintain weight.
- “ *Integrity of the Game*—Protect the integrity of the game. Don’t gamble or associate with gamblers.
- “ *Sexual Conduct*—Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

FAIRNESS

- “ *Fairness and Openness*—Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING

- “ *Caring Environment*—Consistently demonstrate concern for student-athletes as individuals, and encourage them to look out for one another and think and act as a team.

CITIZENSHIP

- “ *Spirit of the Rules*—Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.

Parent/Guardian Electronic Signature: [Click here to enter text.](#)
Date: [Click here to enter a date.](#)

☐ I understand that checking this box constitutes a legal signature/s.

MURRIETA VALLEY UNIFIED SCHOOL DISTRICT

“ATHLETIC CODE OF CONDUCT AND SPORTSMANSHIP

Preamble:

Athletic participation 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 for years. In your school athletics is an integral part of the education program. Athletics teaches fair play, sportsmanship, teamwork, perseverance, and appreciation for improvement, desire to succeed and excel, self-discipline, responsibility, leadership and quick thinking.

Participation in interscholastic athletics is voluntary. It is a privilege, nor a right, and carries with it the responsibilities of courtesy and sportsmanship on the playing field, on campus, and in the community. Therefore, 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.

It is recommended that all coaches and athletes apply the standards of this code while participating in the athletic program of the Murrieta Valley Unified School District.

I. CONDUCT

The conduct of an athlete is closely observed in many areas of life. It is important that one’s behavior be above reproach in the following areas:

A. On the Field

A high school athlete:

1. Uses legal tactics
2. Refrains from using profanity.
3. Is courteous and hospitable to visiting teams
4. Respects the integrity and judgement of officials and accept their decisions.
5. Is gracious in defeat and modest in victory.
6. Controls his/her temper and maintains his/her poise.

B. In the Classroom

A high school athlete:

1. Maintains prompt and regular attendance.
2. Maintains his/her grades in accordance with CIF and school district rules.
3. Strives to become a good student and citizen.
4. Shows proper respect for faculty members and other students at all times.
5. When suspended from school will not practice or participate until the suspension is over.

C. On Campus and in the Community

A high school athlete:

1. Demonstrates a high standard of conduct, as it reflects not only on oneself, but ones team, coach, and school
2. Maintains “good citizenship” by not being involved in any criminal activity.
3. Any acts of vandalism will result in appropriate disciplinary action being taken.

D. On Athletic Trips

A high school athlete:

1. Demonstrates a high standard of conduct as representatives of the school, community, family, and coach.
2. Respects the property of others.
3. Can only be released by the coach to parent only.

II. DRESS AND GROOMING

Dress and grooming stands shall conform to Murrieta Valley Unified School District regulations. Coaches may require that hair be restrained

III. PHYSICAL CONDITIONG AND TRAINING RULES

MVUSD Student/Athlete’s will refrain from the use of tobacco (in any form), alcohol and other illegal drugs. This includes the illegal use of non-prescribed steroids and/or other performance enhancing substances. Proper diet and adequate sleep are equally important to the physical condition of an athlete.

IV. ENFORCEMENT DUE TO VIOLATION OF RULES

A. Non adherence to the foregoing regulations will result in disciplinary action by the coaches, athletic director, and administrators of the school.

B. Violations of the letter or spirit of the Athletic Code will result in one or more of the following penalties when recommended by the coach and athletic director with approval by the principal:

1. Placement on probation,
2. Removal from one or more of the next scheduled contests
3. Referral for assessment and/or treatment of any alcohol/drug violation, and/or criminal activity.
4. Removal from the team
5. Forfeiture of letter, letterman’s jacket privileges or the award.

V. AWARDS

All recommendations for awards originate with the individual team’s coach and are approved by the athletic director. In order to receive an athletic award, the athlete must purchase and “ASB Card”.

VI. ELIGIBILITY REQUIREMENT

In order to participate in extra/co-curricular activities, students in grades 7 thru 12 must demonstrate satisfactory educational progress in meeting the requirements for graduation. To encourage and support academic excellence, the Board requires students in the 7 thru 12 grades to earn a minimum of 2.0 or “C” grade point average on a 4.0 scale in order to participate in extra/co-curricular activities. Student with any “F” grades must also maintain minimum progress towards graduation in order to meet eligibility requirements.

VII. CALIFORNIA INTERSCHOLASTIC FEDERATION

Murrieta Valley High School maintains membership in the California Interscholastic Federation (CIF) and requires that interscholastic athletic activities be conducted according to CIF rules, regulations and policies. Also MVHS maintains membership the Southwestern League and must follow all constitutional requirements set forward in the by-laws.

I have read and understand the Code of Conduct. I understand that any

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 precautions.

future inappropriate behavior will result in further disciplinary action.

Student Athlete Electronic Signature: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

☐ I understand that checking this box constitutes a legal signature/s.

PREPARTICIPATION PHYSICAL EVALUATION

Name: [Click here to enter text.](#) Sex: [Click here to enter text.](#) Age: [Click here to enter text.](#) Date of Birth: [Click here to enter a date.](#)

Grade: [Click here to enter text.](#) School: [Click here to enter text.](#) Sport(s): [Click here to enter text.](#)

Address: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Personal Physician: [Click here to enter text.](#)

In case of Emergency, Contact:

Name: [Click here to enter text.](#) Relationship: [Click here to enter text.](#) Phone: (H) [Click here to enter text.](#) (W) [Click here to enter text.](#)

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

| | <u>Yes</u> | <u>No</u> | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since Your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective Equipment or devices that aren't usually used for Your sport or position (for example, knee brace, Special neck roll, foot orthotics, retainer on your Teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes Or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or Nonprescription (over-the-counter) medications or Pills, or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling After injury? | <input type="checkbox"/> | |
| 4. Do you have any allergies (for example, to Pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Have you broken or fractured any bones or dislocated Any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other problems with pain or Swelling in muscles, tendons, bones, or joints? If yes check appropriate box and explain below. | | |
| Have you ever had racing of your or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip | | |
| Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh | | |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee | | |
| Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf | | |
| Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle | | |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm <input type="checkbox"/> Foot | | |
| 6. Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you do Now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Record the dates of your most recent immunizations (shots) for: | | |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | Tetanus: Click here to enter text. Measles: Click here to enter text. | | |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B: Click here to enter text. Chickenpox: Click here to enter text. | | |
| Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | 16. When was your first Menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you cough, wheeze or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> | When was your most recent menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have asthma? | <input type="checkbox"/> | | How much time do you usually have from the start of one period to the start of another? Click here to enter text. | | |
| <input type="checkbox"/> Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? Click here to enter text. | | |
| | | | What was the longest time between periods in the last year? Click here to enter text. | | |
| | | | Explain "Yes" answers here: Click here to enter text. | | |
| | | | Click here to enter text. | | |

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

Student Athlete Electronic Signature: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Parent/Guardian Electronic Signature: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

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PHYSICAL EXAMINATION FORM

Preparticipation Physical Evaluation

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____, _____ / _____)

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

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|----------------------------|--------|-------------------|-----------|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/ears/nose/throat | | | |
| Hearing | | | |
| Lymph Nodes | | | |
| Heart | | | |
| Murmurs | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only) | | | |
| Skin | | | |
| | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/toes | | | |

*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

☐ Cleared without restriction

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

☐ Not Cleared for All sports Certain sports: _____ Reason: _____
Recommendations: _____

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

Address _____ **Phone** _____

Signature of physician _____, MD or DO

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