High Tech High North County Sports
Athletic Participation and Commitment Form

The High Tech High North County Sports Program offers HTHNC students the opportunity to play in California Interscholastic Federation—San Diego Section sports. Our program is collaboration between the HTHNC school administration, students and parents. Our unique system depends on the commitment of students and parents to adhere to the following standards and conditions.

Participation in the High Tech High North County Sports Program is a privilege for those that agree and can fulfill the following eligibility standards:

- Students must maintain a GPA of 2.5, and maintain participation in required school projects and Internships.
- Complete the following forms required by CIF and HTHNC.
    1. CIF- Ethics in sports form
    2. CIF- Medical history and physical examination form
    3. Athletic participation and commitment agreement
    4. Teacher permission form
- Sport Specific Voluntary Donation

  "According to California law, no student is required to pay fees to participate in after school activities-sports. Public charter schools do not receive any money to fund sports. Our sports programs operate and exist because of our volunteer coaches and the donations we receive from parents who are willing and able to pay."

Participation in the High Tech High Village Sports Program is a choice for those who agree to the player and parent conditions of all HTHNC sports teams:

- The roster of each team is determined by those who completely meet all the eligibility standards by the sport season due date.
- The number of players that can be effectively managed on the team roster will be determined by the Coach and the Athletic Director.
- There is no guarantee that any student on the team roster will play in any games, contests, or matches during the season.
- Each student athlete is responsible for his/her own transportation to and from games and practices.
- Uniforms are the property of the school and are to be returned at season end.
- Meet coaches requirements for practice, games and communication

We the undersigned agree to adhere to the eligibility standards and understand and accept the player and parent conditions required to participate in HTH Village sports.

Sport: _____ **Donation:** _____

_____ _____

Parent or Guardian Signature **Date** **Student Signature** **Date**

FOR MORE INFORMATION, PLEASE CONTACT Spencer Gooch, Sports Coordinator - sgooch@hightechhigh.org

CIF-San Diego Section
6401 Linda Vista Road, Room 504
San Diego, CA 92111
Phone 858-292-8165
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www.cifsds.org

ETHICS IN SPORTS (ATHLETE-PARENT/GUARDIAN/CAREGIVER) – 2010-11
(Revised 3/09)

I. POLICY STATEMENT

- It is the mission of the California Interscholastic Federation, San Diego Section (CIFSDS) to promote high standards of sportsmanlike and ethical behavior in and around athletic contests played under its sanction and, in life, in general. Citizenship, Integrity, and Fairness are embodied in that mission. CIF and CIFSDS contests must be safe, courteous, fair, controlled, and orderly for the benefit of all athletes, coaches, officials, and spectators, and behavior by all involved at all times should manifest the highest standards of conduct.
- It is the intent of the section membership that poor sportsmanship, unethical behavior, and violence, in any form, will not be tolerated in athletic contests or practices. In order to enforce this policy, the membership, through its Board of Managers, has established rules and regulations.
- Coaches assume the responsibility to teach and demand high standards of conduct of their athletes both on the field of play and in everyday life, in season and out of season.
- It is the school principal's responsibility to enforce all CIFSDS rules and regulations and to demand high standards of conduct from coaches, athletes, parents/guardians, and spectators. The principal shall demand strict adherence to all the CIF State and CIFSDS rules, regulations, and procedures.
- **Participation in interscholastic athletics and section playoffs is a privilege.**
- The CIFSDS Board of Managers requires that the following Code of Ethics be issued to and signed by each student-athlete, parent, coach, and officials' association. Penalties for failure to submit a signed Code of Ethics are:

1. Athlete	Ineligibility for participation in CIF-San Diego Section athletics
2. Coach	Restricted from coaching in CIF-San Diego Section contests
3. Officials Association	Not approved to officiate in the CIF-San Diego Section
4. Parent	Prohibition/Removal from attendance at CIF or CIFSDS event

- **Failure to abide by the standards of behavior as agreed will result in a penalty up to and including disqualification to participate.**

II. CODE OF ETHICS FOR STUDENT-ATHLETE, PARENT/GUARDIAN/CAREGIVER, COACH, CONTEST OFFICIAL

A. Comply with the six pillars and 16 Principles of the Pursuing Victory with Honor program (on reverse side).
B. Be courteous at all times with school officials, opponents, game officials, and spectators.
C. Exercise self-control.
D. Know all rules of the contest, of CIF State, and the CIFSDS and agree to follow the rules.
E. Show respect for self, players, officials, coaches, and spectators.
F. Refrain from the use of foul and/or abusive language at all times.
G. Respect the integrity and judgment of game officials.
H. An athletic director, sports coach, school official or employee or booster club/sport group member may not provide any muscle-building nutritional supplements to student-athletes at any time. A school may only accept an advertisement, sponsor, or donation from a supplement manufacturer that offers only non-muscle building nutritional supplements. A school may not accept an advertisement sponsorship or donation from a distributor of a dietary supplement whose name appears on the label. Permissible non-muscle building nutritional supplements are identified according to the following classes: Carbohydrate/electrolyte drinks; energy bars, carbohydrate boosters, and vitamins and minerals. (Revised - Federated Council May 2007.)
I. **Win with character; lose with dignity.**

Accept consequences of conduct deemed inappropriate or in violation of rules.

I have read, understand, and accept the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory with Honor, and the Violations, Minimum Penalties, and Appeal Process (on attached page) of the CIF-San Diego Section **ETHICS IN SPORTS** Policy. I agree to abide by this policy while participating and/or being a spectator at CIFSDS athletic events regardless of contest site or jurisdiction.

Signature – Athlete	Printed Name	Date
Signature – Parent/Guardian/Caregiver	Printed Name	Date

PARENT'S MEDICAL STATEMENT AND EMERGENCY INFORMATION (This information is duplicated on the Emergency Card)

FATHER'S WORK PHONE:	( )	FATHER'S CELL PHONE or PAGER	( )
MOTHER'S WORK PHONE:	( )	MOTHER'S CELL PHONE or PAGER	( )
FAMILY DOCTOR:		DR. PHONE:	( )
EMERGENCY CONTACT NAME:		RELATIONSHIP TO ATHLETE:	
EMERGENCY CONTACT PHONE:	( )	CELL PHONE or PAGER:	( )

Brief Medical History:

Please answer the following questions regarding your son/daughter/ward:

1. Has had injuries requiring medical attention.	Yes	No
2. Has had an illness requiring hospitalization.	Yes	No
3. Is under physician's care at this time.	Yes	No
4. Has had coughing, wheezing, or trouble breathing during or after activity.	Yes	No
Has had asthma.	Yes	No
Has had seasonal allergies that require medical treatment.	Yes	No
5. Are you currently taking any prescription or non- prescription (over the counter) medications or pills or using an inhaler?	Yes	No
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	Yes	No
6. Have you ever passed out during or after exercise?	Yes	No
Have you ever been dizzy during or after exercise?	Yes	No
Have you ever had chest pain during or after exercise?	Yes	No
Do you get more tired quickly than your friends do during exercise?	Yes	No
Have you ever had racing of your heart or skipped heartbeats?	Yes	No
Have you ever been told that you have a heart murmur?	Yes	No
Has any family member or relative died of heart problems or of sudden death before age 55?	Yes	No
Have you had a severe viral infection (for example, myocarditis, or mononucleosis) within the last month?	Yes	No
Has a physician ever denied or restricted your participation in sports for any heart problems?	Yes	No

7. Have you ever had a head injury or concussion?	Yes	No
Have you ever been knocked out, become unconscious, or lost your memory? .	Yes	No
Have you ever had a seizure?	Yes	No
Do you have frequent or severe headaches?	Yes	No
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	Yes	No
Have you ever had a stinger, burner, or pinched nerve?	Yes	No
8. Have you ever become ill or felt light headed from exercising in the heat?	Yes	No
9. Is hearing impaired, has glasses / contact lenses.	Yes	No
10. Has fixed or removable appliances in mouth.	Yes	No
11. Is there a reason for this individual to avoid participation on a certain sport?	Yes	No

Please explain if YES is response: _____

_____

_____

_____

_____

In case of injury I hereby give consent for my son /daughter to have initial first aid administered by school personnel in charge and to be transported to a doctor or hospital for further treatment if necessary.

X _____ Parent/Guardian Signature

_____ Date

PHYSICAL EXAMINATION:

Please print clearly

STUDENT-ATHLETE'S LAST NAME | STUDENT-ATHLETE'S FIRST NAME | MI

This section to be completed by a physician or nurse practitioner.

Review of Medical History:

Pertinent past medical history: _____

Current medical disorders: _____

List all medications (both routine and prescription drugs) _____

Physical Exam:

BP _____ HEIGHT _____ WEIGHT _____ VISION _____

NEUROLOGICAL _____ HEAD/NECK _____ CHEST/AIRWAY _____

SKIN _____ CARDIOVASCULAR _____ ABDOMEN _____

GENITALIA/HERNIAS _____ MUSCULOSKELETAL _____ STRENGTH _____

Description of abnormalities above: _____

Recommendations:

_____ There are no restrictions or special considerations to participation in the high school athletic program.

_____ The following are limitations or special considerations: _____

_____

_____ This student should be restricted from participating in high level contact sports with post-pubertal males at this time.

_____ This student is disqualified from sports until further evaluation.

Physician or Nurse Practitioner statement/signature:

I, the undersigned, am licensed to elicit and interpret the medical history, pharmaceutical history, and clinical findings of a complete health assessment for participation in an athletic program. I have completed this assessment and recorded all pertinent findings above.

X _____ _____

Physician, DO or Nurse Practitioner Signature | Date of Exam (July 1, 2010 or later for 2010-11 school year)

_____ _____

Printed Name | License Number

_____

Address

Notes:

High Tech High North County
1420 W. San Marcos Blvd
San Marcos, CA 92078
(760) 759-2700

Teacher Acknowledgement for Student Participation in School Sports

Student Name:_____ School: _____

Grade:_____

The student named above has requested all assignments for class time missed and is in good academic standing and is permitted to participate in **HTHNC Sports for the 2010-2011 school year (circle one):**

Girls Soccer **Girls Golf** **Girls Tennis**

Boys Basketball **Boys Tennis** **Boys Golf** **Boys Soccer**

Track and Field **Cross Country**

Student's Teacher Signature

Class/Period	Teacher Signature	Date
Class/Period	Teacher Signature	Date
Class/Period	Teacher Signature	Date
Class/Period	Teacher Signature	Date
Director/Dean of Students		Date

*Players—Please return completed forms to coaches. Only players with completed forms can accompany team to games as players or spectators.

Please see individual coaches regarding donations, fundraising, or volunteer opportunities. Further questions may be directed to: Spencer Gooch, Sports Coordinator - sgooch@hightechhigh.org