

Forms you will need to get your “Ticket to Play”

You must turn in all forms to the athletic secretary to receive your “TICKET TO PLAY”.
The athletic office is in D-9 and is open from 7:00 a.m. – 3:30 p.m.

**ALL FORMS MUST BE COMPLETE
AND SUBMITTED AT THE SAME
TIME ON “WHITE PAPER”**

A total of 10 pages

- **Transportation** (1 page)
- **Residency Verification** (1 page)
- **Hazing** (1/2 page along with Acknowledgement of Athletic Handbook)
- **Acknowledgement of Athletic Handbook** (1/2 page)
- **CIF Ethics in Sports** (1 page)
- **Character Counts** (1 page)
- **Physical Forms** (4 pages)

MT CARMEL SUNDEVILS

POWAY UNIFIED SCHOOL DISTRICT

ATHLETIC PROGRAM/TRANSPORTATION

As a result of recent budget reductions at both the state and local levels, **(District funding for athletic transportation has been eliminated)**. We believe strongly that the safe transport of our student-athletes to their contests is our #1 priority. Although the District has the available *school* bus fleet resources, the cost for these services falls upon our athletic department.

In order to continue to maintain a quality athletic program, we are asking parents to donate **\$100.00 per athlete** per school year, regardless of the number of sports seasons your student plays. For those families with multiple athletes, there is a cap of \$200.00.

Revenue collected will be used for transportation and athletic needs at Mt Carmel High School.

PLEASE PRINT – USE ONE FORM PER STUDENT

Student's Name _____

Parent's Name _____

Grade____ ID Number _____

Sport(s)_____

Parent's Signature _____ Check Number _____

Please make checks payable to Mt Carmel High School and return to Linda Uribe in D-9, Athletic Office, after you son or daughter has been selected to a team and prior to the first contest.

(Please staple check here)

Poway Unified School District

ATHLETIC POLICY AGAINST HAZING

Poway Unified School District strives to maintain a healthy athletic program in which all students feel safe and welcome and can be proud of the school and athletic programs they represent.

I understand that hazing of any kind is not allowed on this campus and in the athletic program. This includes mental, verbal and physical acts. I further understand that it is my duty to report any acts of hazing that I see to a coach or administrator on campus.

By signing below, I agree to uphold this District policy and understand that any violation will result in my immediate suspension from athletics and further disciplinary action as outlined in District policy procedures.

Student Name (Printed)	Student Signature	Date
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Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
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DEFINITION OF HAZING

Hazing in any form including initiation which is degrading is strictly forbidden by California State Law. No student shall conspire to engage in hazing, participate in hazing or commit any act that causes or is likely to cause bodily danger, physical harm, and/or personal degradation or disgrace resulting in physical or mental harm to any fellow student or other persons. Persons violating this policy shall be subject to District discipline misdemeanor penalties and forfeiture or entitlements.

ACKNOWLEDGEMENT of link to *MCHS Athletic Guidelines*

I understand it is my responsibility to read the "MCHS Athletic Guidelines" that can be found on the Athletic website (www.sundevilathletics.com) under 'Athletic Director's link that can be found on the top right hand corner.

Student Name (Printed)	Student Signature	Date
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As the parent/caregiver of the above student I acknowledge that I have read or acknowledge my responsibility to read the Mt Carmel Athletic Handbook. I understand the Awareness of Injury Risk and warning, and also give my son/daughter permission to compete in athletics in the Poway Unified School District/Mt Carmel High School.

Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
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CIF-San Diego Section
 6401 Linda Vista Road, Room 504
 San Diego, CA 92111
 Phone 858-292-8165
 Fax 858-292-1375
 www.cifsd.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

 Printed Name

 Date

Mt. Carmel High is a “Victory with Honor/Character Counts” School.

Student/Athletes are expected to strive to achieve the six core values of good citizenship/character.

Trustworthiness

Be honest • Don't deceive, cheat or steal • Be reliable — do what you say you'll do
 • Have the courage to do the right thing • Build a good reputation • Be loyal — stand by your family, friends and country

Respect

Treat others with respect; follow the Golden Rule • Be tolerant of differences
 • Use good manners, not bad language • Be considerate of the feelings of others • Don't threaten, hit or hurt anyone • Deal peacefully with anger, insults and disagreements

Responsibility

Do what you are supposed to do • persevere: keep on trying! • Always do your best
 • Use self-control • Be self-disciplined • Think before you act — consider the consequences • Be accountable for your choices

Fairness

Play by the rules • Take turns and share • Be open-minded; listen to others • Don't take advantage of others • Don't blame others carelessly

Caring

Be kind • Be compassionate and show you care • Express gratitude • Forgive others
 • Help people in need

Citizenship

Do your share to make your school and community better • Cooperate • Get involved in community affairs • Stay informed; vote • Be a good neighbor • Obey laws and rules • Respect authority • Protect the environment • Stay out of trouble with the authorities.

Student Name

Signature

Date

POWAY UNIFIED SCHOOL DISTRICT

Athletic Screening History & Physical Exam

Please indicate:

Mt. Carmel HS

Poway HS

Rancho Bernardo HS

Westview HS

Student Name:	Student ID #:
Address:	Date of Birth:
City/Zip:	Graduating Year:
Home Phone:	Parent Name/Work Ph:
Emergency Contact/Phone:	Parent Name/Work Ph:

EXPLANATION OF SCREENING PHYSICAL

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son/daughter's dynamic ability to participate in a given sport so that obvious conditions which might be damaged or aggravated by competitive sports can be found, evaluated and treated so as to prevent further injury. This examination does not guarantee against injury.

Parent Initials _____

AWARENESS OF RISK

STUDENT AND PARENT – I am aware that playing/practicing sports can be a dangerous activity involving many risks of injury. I understand that the risks of participation include, but are not limited to, death, serious neck and spinal cord injuries that may result in complete or partial paralysis, brain damage, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the risks of participation may result not only in serious injury, but in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.

Parent Initials _____

PERMISSION FOR TREATMENT

I hereby grant permission to the team physicians and those professional personnel designated by Poway Unified School District to treat my son/daughter in the event of an injury. In the event of a serious injury, if I am unable to give my consent at the time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first-aid.

Parent Initials _____

PROOF OF INSURANCE

In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervised school transportation.

Parent Initials _____ Insurance Carrier _____ Policy # _____

I have read the above statements, EXPLANATION OF SCREENING PHYSICAL, AWARENESS OF RISK, and PERMISSION FOR TREATMENT, and understand them fully and agree/consent to their contents.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Student Name: _____ Athletic Screening History & Physical Exam, Page 2 of 4

Health History - Please answer the following in the check box provided. Explain "yes" answers in the box below.

1. Have you ever been hospitalized (overnight)? Yes No
 Have you ever had surgery? Yes No
2. Are you currently taking medication? Yes No
3. Do you have any allergies (medicines, pollen, bees)? Yes No
4. Have you ever passed out during exercise? (not from heat) Yes No
 Have you ever been dizzy during exercise? (not from heat) Yes No
 Have you ever had chest pain? Yes No
 Do you tire more quickly than your friends during exercise? Yes No
 Have you ever had high blood pressure? Yes No
 Have you ever been told you had a heart murmur? Yes No
 Have you ever had racing of your heart or skipped beats? Yes No
 Has anyone in your family died of heart problems or a sudden death before age 40? Yes No
 Does anyone in your family have Marfan's Syndrome? Yes No
5. Do you have any skin problems (itching, rashes, breaking out)? Yes No
6. Have you ever had a head injury? Yes No
 Have you ever been knocked out? Yes No
 Have you ever had a seizure? Yes No
 Have you ever had a burner/stinger? (pain from neck to arm) Yes No
7. Have you ever had heat cramps? Yes No
 Have you ever been dizzy or passed out in the heat? Yes No
8. Do you use special pads or braces? Yes No
9. Have you ever injured (broken/fractured, sprained, dislocated):
 Hand/fingers Shoulder Hip Shin/calf
 Wrist/forearm Neck Thigh Ankle
 Elbow Chest/ribs Knee Foot/toes
 Upper arm Back Stress fractures? _____
10. Have you ever had:
 Mononucleosis Diabetes Measles Hernia(s)
 Hepatitis Headaches (frequent) Asthma Ulcers
 Eye/ear injuries Tuberculosis Sickle cell trait/disease
11. When was your last tetanus shot? _____
12. About your weight: Do you think you are... just right? too heavy? too light/thin?
 Do you like to drink dairy (milk) products? Yes No
 For females:
 When was your first period and how old were you? _____
 When was your last period? _____
 Are your periods Regular/monthly? Irregular/skip months?

13. Please ask the doctor to address any questions that you may have. [All discussions are kept confidential.]

Please explain any "yes" answers here:

Student Name: _____ Athletic Screening History & Physical Exam, Page 3 of 4

14. Circle the sports you will be participating in:

Baseball	Football	Soccer	Tennis
Basketball	Golf	Softball	Volleyball
Cheerleading	Gymnastics	Swimming	Water Polo
Cross Country	Lacrosse	Track/Field	Wrestling
Field Hockey	Other(s) _____		

Physical Examination

(To be completed by Medical Personnel)

Height _____

Blood Pressure _____ (sitting, left arm)

Vision (optional)

Weight _____

Pulse _____

Left eye 20/ _____

Right eye 20/ _____

Both eyes 20/ _____

Body fat _____% (optional)

with / without glasses

1. Skin	
2. Head	
3. Eyes (PERLA, EOMI, Fungi)	
4. Ears, nose, throat	
5. Neck	
6. Lymphatic's	
7. Respiratory	
8. Cardiovascular	
Heart (murmurs?)	
9. Abdomen	
10. Genitalia (include. hernia exam – optional)	
11. Extremities	
12. Neuralgic	
Reflexes	
13. Orthopedic	
Cervical spine/back	
Arms/elbows/wrist/hands	
Hips	
Knees	
Ankles/feet	
14. Developmental	
Tanner staging 1 – 5 (optional)	

√ = within normal limits

+ = see comments

X = omitted

Comments/Recommendations:

Student Name: _____ Athletic Screening History & Physical Exam, Page 4 of 4

MEDICAL CLEARANCE
(As appropriate for age and development)

Please indicate

Full, unrestricted participation

OR

Clearance deferred or no participation at this time because:

Needs to complete rehabilitation for current condition(s)
prior to participation

Note: _____

Needs clearance by specialist

Orthopedist Cardiologist

Other: _____

Physician's Statement:

(Student's name) _____ was examined by me on _____
and found physically fit to engage in high school athletics. Results are to encourage, but in no
way guarantee, the fitness and safety of this athlete.

Practitioner Signature: _____ Date _____

M.D. / D.O. / N.P. / P.A. / D.C.



Physician's Office Stamp HERE
(REQUIRED)