



Santa Rosa City Schools Athletic Clearance Packet

Montgomery High School

Home of the Vikings



- 1. Print your name
2. Grade ID # Sport played this year
3. Get a physical dated July 1 or later of the current school year.
4. Fill out the front and back of the yellow emergency card/proof of insurance card completely.
5. Read the Athletic Packet carefully, and then sign the blue and green index cards completely.
6. Complete the Athletic Eligibility Screening Form completely.
7. Make sure you have paid all fines and that you have no outstanding obligations or library books.
8. The transportation fee of \$50 (checks made out to Montgomery High School) must be paid when you hand in your packet.
9. Complete the Use of 'Privately Owned Vehicles and Parent Permission to Transport' Forms.
10. Complete the Athletic Ejection Policy form and the Code of Conduct form.

PROCEDURE FOR CLEARANCE:

- 1. Complete and sign all items in the packet.
2. Return the packet to the appropriate athletic director listed below.
3. The athletic director will process the packet and fill out a white clearance form.
4. It is your responsibility to pick up the white clearance from the athletic director the next day.
5. The coach will collect the white clearance form on the first day of practice.
6. NO WHITE CLEARANCE FORM -> NO PRACTICE!

Any clearance papers handed in on days after these dates will take at least one to two days to process.

Table with 4 columns: Date, Sport, Time, Location. Rows include January 29th (Baseball, Boys Tennis, and Track) and January 28th (Boys Golf, Badminton, Softball, Swimming).

Any clearance papers handed in on days after these dates will take at least one to two days to process.

SPRING PRACTICE BEGINS ON FEBURARY 4th, 2006

# **Santa Rosa City Schools Athletic Organization**

## **North Coast Section:**

All of the SRCS high schools are members of the North Coast Section (N.C.S.) of the California Interscholastic Federation (C.I.F.).

## **North Bay League:**

All of the SRCS high schools are members of the North Bay League (N.B.L.), which is currently made up of the following schools:

Cardinal Newman High School	Rancho Cotate High School
Elsie Allen High School	Santa Rosa High School
Maria Carrillo High School	Ukiah High School
Montgomery High School	Ursuline High School
Montgomery High School	

## **Athletic Teams Sanctioned by the Santa Rosa City Schools District:**

Fall	JV and Varsity Boys' Cross Country JV and Varsity Girls' Cross Country JV and Varsity Football JV and Varsity Boys' Soccer JV and Varsity Girls' Soccer Girls' Tennis Girls' Golf
Winter	Freshman, JV and Varsity Boys' Basketball Freshman, JV and Varsity Girls' Basketball Wrestling
Spring	JV and Varsity Baseball JV and Varsity Softball JV and Varsity Boys' Swimming and Diving JV and Varsity Girls' Swimming and Diving Boys' Golf Boys' Tennis Coed Badminton

**SANTA ROSA CITY SCHOOLS**  
**NOTICE ON SERIOUS, CATASTROPHIC, AND PERHAPS FATAL ACCIDENTS**

The Santa Rosa City School District provides an extensive athletic program and makes every effort to ensure that the program is educational, beneficial, and as safe as possible for students. Yet, 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 physical contact among players, strenuous physical exertion, the use of equipment that may result in accidents and numerous other exposures to risk of injury.

Students and parents/guardians 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 all risk of injury. 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 over-stated.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, 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.

All participants must have proof of a recent physical examination on file with the school prior to participation in interscholastic athletics.

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

**SANTA ROSA CITY SCHOOLS**  
**ACADEMIC REQUIREMENTS FOR EXTRACURRICULAR ACTIVITIES**

1. A student must have earned a 2.0 grade point average (on a 4-point scale) in the grading period prior to participation.
2. A student must maintain a 2.0 grade point average (on a 4-point scale) during the time the student participates in the activity.
3. A student must not have lost a unit of credit in the semester prior to the initiation of this activity due to the Santa Rosa City Schools Variable Attendance Policy.
4. Probationary Period. Students who earn a GPA between 1.4 and 2.0 in the grading period prior to the start of any activity or season, or who may have lost a unit of credit due to the SRCS Variable Attendance Policy, may participate on a probationary status until the next grading period, at which time the student must earn a 2.0 GPA. (See exception #7 below).
5. A student may have probationary status once in the ninth grade and once more in the next three years (grades 10 through 12).
6. Students not meeting these requirements shall be declared ineligible until the next grading period.
7. Students who do not meet the 2.0 GPA requirement in the grading period prior to the start of the activity AND who have lost a unit of credit due to the Variable Attendance Policy, shall be INELIGIBLE, may NOT participate, and shall NOT be eligible for probation during the grading period following the loss of credit.

**SANTA ROSA CITY SCHOOLS**  
**CITIZENSHIP STANDARDS AND SERIOUS INFRACTIONS EXPLANATION**

The following policies apply to all students involved in extra-curricular activities. If you have any questions, please talk to your coach, athletic director, or the administrator at your school who oversees the athletic program.

**CITIZENSHIP STANDARDS**

- A. While there are citizenship standards applicable to all students, higher standards are expected of student athletes because the community and other students recognize these students as models and leaders.
1. Any student who commits a violation of Education Code 48900 that results in suspension is automatically removed from participation in athletics/activities and all related practices for a period of 25 school days. (See your school handbook or Board Policy 5114.1.3.2. for a list of suspendable offenses).
  2. Prior to the imposition of penalties as described above, the parent/guardian and student will be provided an opportunity to have a conference with school officials to present their side of the case and to comment on the offense and penalty involved.
  3. Each district school and each coach/athletic director is authorized to seek and enforce reasonable standards of conduct and reasonable penalties for violation thereof. These must be in writing and are subject to the approval of the school athletic director and the principal or designee.
  4. **In order to be eligible to practice or participate in an activity on any school day, participants must be in school for a full day.** Exceptions to this rule will be allowed in unusual cases if cleared through the school principal or designee. Advance notice is preferred, if possible.
  5. Students must not play on an “outside” team in the same sport while participating in the high school season of sport. Students may practice with the outside team, but may not play in scrimmages or contests. CIF Exception: it is permissible for a student to compete on an outside soccer team except during the period of November 15 to March 15.
- B. It is the responsibility of the principal or designee to insure that
1. Each coach/activity sponsor reviews these regulations with each team/club/group at the beginning of each sport or activity each year.
  2. Effort is made to notify students and parents/guardians of these regulations annually in writing.
- C. Regarding eligibility to participate in athletics/activities:
1. A student is automatically reinstated after 25 school days.

## **SERIOUS INFRACTIONS -- EDUCATION CODE 48900**

Infractions of Education Code 48900 et seq for which students may be suspended are listed in the Parental Annual Notice in the section "Excerpts From California Education Code".

A pupil may be suspended or expelled for acts listed above and related to school activity or attendance which occur at any time, including, but not limited to, any of the following:

1. While on school grounds.
2. While going to or coming from school.
3. During the lunch period, whether on or off the campus.
4. During, or while going to or coming from, a school sponsored activity.

## **HAZING**

### **Education Code 32050**

As used in this article, "hazing" includes any initiation or pre-initiation into a student organization or any pastime or amusement engaged in with respect to such an organization, which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any student or other person attending any school, community college, college, university, or other educational institution in this state; but the term "hazing" does not include customary athletic events, or other similar contests or competitions.

### **Education Code 32051**

No student, or other person in attendance at any public, private, parochial, or military school, community college, college, or other educational institution, shall conspire to engage in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student, or person attending the institution. The violation of this section is a misdemeanor, punishable by a fine of not less than one hundred dollars (\$100), nor more than five thousand dollars (\$5,000), or imprisonment in the county jail for not more than one year, or both.

### **Santa Rosa City School Board Policy 6145.5(a)**

No student shall conspire in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student or person. Persons violating this policy shall be subject to district discipline, misdemeanor penalties, and forfeiture of entitlements.

**SANTA ROSA CITY SCHOOLS  
 INTERSCHOLASTIC SPORTS PARTICIPATION**

(This section to be completed by student)

Name of Student \_\_\_\_\_ School MONTGOMERY HIGH SCHOOL

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Signature of Student \_\_\_\_\_

**PARENT'S OR GUARDIAN'S PERMISSION  
 (This section to be completed by Parent or Guardian)**

I hereby give my consent for the above-named student: 1) to represent this school in athletic activities checked on this form by the examining physician, provided that such athletic activities are approved by the State Association; 2) to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**PRE-SEASON HEALTH EXAMINATION FORM  
 (This section to be completed by Physician)**

Grade \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Significant past or present illness, injury or allergies \_\_\_\_\_

LABORATORY: Urine: Sugar \_\_\_\_\_ Protein \_\_\_\_\_ Hct (girls only) \_\_\_\_\_

SYSTEM	NORMAL	ABNORMAL	REMARKS
EENT			
Vision			
Hearing			
Neck			
Lungs			
Heart			
Abdomen			
Neuro Muscular			
Hernia			
Genitalia			

On the basis of this examination, I certify this student physically qualified for all sports EXCEPT the following:

_____ Baseball	_____ Cross Country	_____ Track	_____ Wrestling
_____ Basketball	_____ Gymnastics	_____ Golf	_____ Swimmer
_____ Football	_____ Volleyball	_____ Tennis	_____ Other

Signed \_\_\_\_\_ M.D. Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

## HEALTH HISTORY

(To be complete by Student or Parent)

1. Have you ever been hospitalized? \_\_\_\_\_  
When? \_\_\_\_\_ For what? \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever had an operation? \_\_\_\_\_  
When? \_\_\_\_\_ For what? \_\_\_\_\_  
\_\_\_\_\_
3. Do you have asthma? \_\_\_\_\_  
Is it aggravated by exertion? \_\_\_\_\_
4. Do you think of yourself as healthy? \_\_\_\_\_  
If not, why? \_\_\_\_\_
5. Do you take a medicine regularly? \_\_\_\_\_  
If so, what? \_\_\_\_\_
6. Does anybody in your family have diabetes? \_\_\_\_\_
7. Has any near relative died of a heart attack before age 50? \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever fainted? \_\_\_\_\_
9. Have you ever been knocked out? \_\_\_\_\_
10. Have you ever had an injury of the muscle, bone, joint, ligament or tendon? \_\_\_\_\_  
Did you see a doctor? \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

## SRCS ATHLETIC ELIGIBILITY SCREENING FORM

Transferring from one school to another school may affect your athletic eligibility under the rules of the North Coast Section of the California Interscholastic Federation.

Please answer the questions below to the best of your knowledge so that we may determine if you have any eligibility problems this year.

1. Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_
2. Current Address \_\_\_\_\_ City \_\_\_\_\_
3. Have you attended a school other than Montgomery or Slater within the last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give the name of your previous school \_\_\_\_\_ Date you left that school \_\_\_\_\_
4. Have you lived at any other address within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give your previous address \_\_\_\_\_ Date you left that address \_\_\_\_\_
5. If you moved from one address to another address, check any of the situations that apply to you.
  - a. \_\_\_\_\_ My whole family moved from the old address to my new address
  - b. \_\_\_\_\_ I moved from one parent to another parent.
  - c. \_\_\_\_\_ I moved from my parent(s) to a relative or other guardian.
  - d. \_\_\_\_\_ I moved from a relative or guardian to my parents.
  - e. \_\_\_\_\_ A court order placed me at my new address
  - f. \_\_\_\_\_ Other
6. Are you a foreign exchange student? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give the name of your exchange program \_\_\_\_\_
7. Are you now, or have you ever been, in the past year, on an inter-district permit to attend Montgomery? Yes \_\_\_\_\_  
No \_\_\_\_\_
8. Are you changing schools between you were transferred from your old school because of discipline reasons?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. When was the first semester of your ninth grade? 1997 \_\_\_\_\_ 1998 \_\_\_\_\_ 1999 \_\_\_\_\_ 2000 \_\_\_\_\_ Other \_\_\_\_\_
10. Have you missed a semester or more of high school for any reason since you started night grade? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are you transferring to Montgomery High School from a continuation school? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Sports you played last year and level of competition:
 

	Varsity	JV	Freshman		Varsity	JV
Badminton	_____	_____		Soccer	_____	_____
Baseball	_____	_____		Softball	_____	_____
Basketball	_____	_____	_____	Swim/Dive	_____	_____
Cross Country	_____	_____		Tennis	_____	_____
Football	_____	_____		Track	_____	_____
Golf	_____	_____		Volleyball	_____	_____
Wrestling	_____	_____				
13. List any sports that you have played already this school year at any other school in which you have been enrolled:  
\_\_\_\_\_

I hereby certify that the above information is correct:

Student-athlete's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

ADULT DRIVER/USE OF PRIVATELY OWNED VEHICLE

This form must be used when personally owned vehicles of employees, parents, and volunteers are used for school sponsored activities. A no answer to any statement prohibits the use of this driver and/or vehicle.

Driver's Name \_\_\_\_\_ Date of Event \_\_\_\_\_

Event \_\_\_\_\_ School: Montgomery High School

I CERTIFY TO THE FOLLOWING:

1. I am the registered owner/legal leaser of the vehicle that will be transporting students. I am 21 years old or older. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign below.
2. I have a valid driver's license. License Number \_\_\_\_\_
3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving for the past five (5) years.
4. I have liability/medical coverage on this vehicle with the following limits:
  - a. Property Damage .....\$50,000
  - b. Bodily Injury .....\$100,000 - \$300,000
  - c. Medical .....10,000
  - d. Name of Insurance Company \_\_\_\_\_
  - e. Local Agent (if applicable) \_\_\_\_\_
5. My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and that each passenger will have a seat belt.

Make/Model/Year of Vehicle \_\_\_\_\_

License Plate Number \_\_\_\_\_ Number of passenger seat belts \_\_\_\_\_

**I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.**

Signature of driver \_\_\_\_\_ Date \_\_\_\_\_

Driver's Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Registered Owner of Loaned Vehicle \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

PRINT Student's Name \_\_\_\_\_

Reviewed by Teacher/Coach/Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by the Board: February 27, 1979; Reinstated November 19, 1997

Revised: July 13, 1982; February 10, 1993; September 28, 1993; October 12, 1993; January 9, 2002

**USE OF PRIVATELY OWNED VEHICLES**

The following form is to be completed by parents who wish to give their daughter or son permission, in advance, to be transported to school-sponsored activities in a vehicle owned and driven by a private individual(s):

**PARENT PERMISSION TO TRANSPORT SON/DAUGHTER**

I hereby give my son/daughter \_\_\_\_\_

permission to be transported to school-sponsored activities during school year \_\_\_\_\_ or

\_\_\_\_\_ in a vehicle owned and driven by:  
(Date of event or athletic season)

\_\_\_\_\_ Parent

\_\_\_\_\_ Student

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Reviewed by the Board: **February 27, 1979**

Revised: **September 28, 1993; January 9, 2002**

**STUDENT DRIVER/USE OF PRIVATELY OWNED VEHICLE**

This form must be used when private vehicles are used for school sponsored activities. A no answer to any statement prohibits the use of his driver and/or vehicle.

Driver's Name \_\_\_\_\_

Date of Event, Activity or Athletic Season \_\_\_\_\_

School: Montgomery High School

**I CERTIFY TO THE FOLLOWING:**

- 1. I am the registered owner/legal leasor or my parent/guardian is the registered owner/legal leasor of the vehicle that will be transporting students. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign part B.
- 2. I have a valid driver's license, not a provisional license, and have been in possession of a license for more than six months. Driver's license number \_\_\_\_\_
- 3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving.
- 4. I have liability/medical coverage on this vehicle as required by State law with the following limits:
  - a. Property Damage .....\$50,000
  - b. Bodily Injury .....\$100,000 - \$300,000
  - c. Medical .....\$10,000
  - d. Name of Insurance Company \_\_\_\_\_
  - e. Local Agent (if applicable) \_\_\_\_\_
- 5. My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and that each passenger will have a seat belt.

Make/Model/Year of Vehicle \_\_\_\_\_

License Plate Number \_\_\_\_\_ Number of passenger seat belts \_\_\_\_\_

**I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.**

Signature of driver \_\_\_\_\_

Date \_\_\_\_\_

Driver's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**PARENT/GUARDIAN OF STUDENT DRIVER**

A. I give my permission for my son/daughter, \_\_\_\_\_, to drive the above vehicle for school sponsored activities.

B. I understand that the vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Parent's Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Registered Owner of Loaned Vehicle \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reviewed by Teacher/Coach/Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by the Board: **May 24, 1994**

Revised: **January 9, 2002**

**ATHLETE EJECTION POLICY NOTIFICATION FORM**  
**North Coast Section Ejection Policy**



**Montgomery High School**

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995 - 1996 school year, and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc.

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.  
**Penalty:** The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season (league, section or state) playoff, etc.
2. Illegal participation in the next contest by a player ejected in a previous contest.  
**Penalty:** The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from contest during one season.  
**Penalty:** The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench to begin or participate in an altercation.  
**Penalty:** The player(s) shall be ejected from the contest in question and become ineligible for the next contest (non-league, league, invitational tournament, post-season (league, section or state) playoff, etc.

I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.

\_\_\_\_\_  
Student-Athlete Name—Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete's Signature

SPORT \_\_\_\_\_

\_\_\_\_\_  
VARSITY

JV

\_\_\_\_\_  
FRESHMAN

These signed policy statements are to be maintained at each school. An Ejection Policy Notification Form is to be filed, according to league policy, either with the league commissioner or with the North Coast Section.

BLUE CARD

SANTA ROSA CITY SCHOOLS  
HIGH SCHOOL ATHLETIC AGREEMENT FORM

Student Name \_\_\_\_\_ Date \_\_\_\_\_ ID # \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This application to complete in interscholastic athletics for a Santa Rosa City School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the CIF, NCS, SRCS, or my school. I have read and understand the rules and regulations contained in the Santa Rosa City Schools Athletic Packet and I agree to abide by all rules and regulations contained therein for the entire school year.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT'S OR GUARDIAN'S PERMISSION

I have read and understand the rules and regulations contained in the Santa Rosa City Schools Athletic Packet. I hereby give my consent for the above named student to represent his/her school in athletic activities after being seen by an examining physician and to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-mentioned student in the course of such athletic activities or travel.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SIGN UPON COMPLETION OF READING THROUGH THE ATHLETIC PACKET

1. We understand the Santa Rosa City Schools Citizenship Standards and Serious Infraction Explanation.
2. We understand the Notice to Students and Parents/Guardians of Students Participating in Athletics that by its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents may occur.
3. We understand the Academic Eligibility Requirement for Extracurricular Activity (GPA and full-day attendance requirement).
4. We understand the Athletic Transportation Fee Schedule.
5. We understand the North Coast Section Ejection Policy.
6. We understand the "Use of Privately Owned Vehicle" and "Parent Permission to Transport Son/Daughter" forms.
7. We understand the Hazing Policy.
8. We understand that good sportsmanship is practiced on and off the playing field, court, or venue.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Santa Rosa City School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

GREEN CARD

**STUDENT ATHLETE CONTRACT AND PARENT PERMISSION FORM**

I, \_\_\_\_\_, have read and understand the rules and regulations contained  
**PRINT student-athlete's name**  
in the Montgomery Athletic Code and Contract, and have read and understand the material contained in the *Notice to Athletes and Parents*. I agree to abide by all rules and regulations contained therein for the entire school year.

\_\_\_\_\_  
Student-athlete's signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, have read and understand the rules and regulations contained  
**PRINT parent/legal guardian's name**  
in the Montgomery Athletic Code and Contract, and have read and understand the material contained in the *Notice to Athletes and Parents*. I hereby give my consent for the above named student to represent Montgomery High School in athletic activities approved by the examining physician and to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for injury occurring to the above-named student-athlete in the course of normal athletic activities or travel.

\_\_\_\_\_  
Parent/legal guardian's signature

\_\_\_\_\_  
Date

**NOTICE REGARDING ELIGIBILITY TO PARTICIPATE IN INTERSCHOLASTIC ACTIVITIES:** *Transferring from one school to another school may affect your athletic eligibility. It is your responsibility to see your school principal or athletic director for a copy of the rules.*

**NOTICE TO PARENTS AND STUDENT ATHLETES**

**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 which may result in accidents, strenuous physical exertion and numerous other exposures to risk of injury.

Student-athletes and their parents/guardians must assess the risk 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 all risk of injury. 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 impairment as a result of athletic competition.

By granting permission for your student-athlete to participate in athletic competition, you, the parent/guardian, acknowledge that such risk exists. By choosing to participate, the student-athlete, acknowledge that such a risk exists.

Student athletes 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 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 your school principal or athletic director for further clarification and information.

# YELLOW CARD

## ATHLETIC INSURANCE INFORMATION STATEMENT

The California Education Code Section 32221 requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

1. 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.
2. 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)
3. At least one thousand, five hundred dollars (\$1,500) for all such medical and hospital expenses.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for him in any other way or manner, including, but not limited to, purchase by himself/herself or by the parent or guardian.

Student-Athlete's Name \_\_\_\_\_

I have sent a check for accident insurance as indicated below in order to meet the requirements of the California law (Check the appropriate response)

- ( ) Tackle football Insurance (Covers tackle football only).  
 ( ) School Time Insurance (Covers sports other than football).  
 ( ) Full Time Insurance (Covers sports other than football).

OR

( ) I have health or accident insurance for my daughter or son which meets the requirements of California law and elect not to purchase student insurance (list company name and policy or group number).

Company Name \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

I will promptly notify the school in the event insurance coverage no longer applies to my student.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

## EMERGENCY PROCEDURE AUTHORIZATION

Athlete's Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency, illness or accident to the child named above, the school is authorized to proceed as indicated:

Contact mother/guardian (Name) _____	Work Phone _____
Home Address _____	Home Phone _____
Contact father/guardian (Name) _____	Work Phone _____
Home Address _____	Home Phone _____
Name of friend or neighbor to contact _____	Work Phone _____
Home Address _____	Home Phone _____
Contact family physician: Name _____	Phone _____
Address _____	
Take child to hospital: Name _____	Phone _____
Other desired procedure _____	

List current allergies \_\_\_\_\_

Severe? Yes \_\_\_ No \_\_\_

Are there any medical problems which may interfere with athletic participation? Yes \_\_\_ No \_\_\_ If yes, describe problems or limitations \_\_\_\_\_

Does this student take medication on a regular basis? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_ When? \_\_\_\_\_

Does this student take medication at school? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_ When? \_\_\_\_\_

## OPTIONAL EMERGENCY TREATMENT AUTHORIZATION

To: Physician or Emergency Personnel: I give permission for emergency medical treatment of \_\_\_\_\_ if I am unavailable.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY/DISASTER AUTHORIZATION

In the event of an emergency or disaster, I authorize school personnel to release my child to the following individuals:

Name _____	Address _____	Telephone _____
Name _____	Address _____	Telephone _____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_