

PVPHS TRYOUT APPLICATION

(Please Type or Print)

Attach:
*copy of first semester report card
*physical examination report

*Attach Picture Here

Applicant Information:

Name _____ Birthdate _____
 Current School Attending _____ Grade _____ GPA _____
 Address _____ City _____
 Home Phone # _____ Student's Cell # _____
 Student's Email _____

Mother/Guardian Name _____ Work # _____ Cell # _____
 Father/Guardian Name _____ Work # _____ Cell # _____
 Parent's Email _____

Tryout Information:

I am trying out for: (Please check)

<input type="checkbox"/> Cheer (any squad)	<input type="checkbox"/> Song (any squad)	<input type="checkbox"/> Girls Choreo
<input type="checkbox"/> Cheer (Varsity only)	<input type="checkbox"/> Song (Varsity only)	<input type="checkbox"/> Advanced Dance
		<input type="checkbox"/> Intermediate Dance
<input type="checkbox"/> Varsity Dance (Dance/Drill)	<input type="checkbox"/> Colorguard	
<input type="checkbox"/> Coed Choreo	<input type="checkbox"/> Boys Choreo	
<input type="checkbox"/> Willing to be a Coed Choreo alternate		

Height: _____ Weight: _____ (Must fill out this section for Coed Choreo or Boys Choreo)

List any other activities or sports you are planning on participating in for the 2012-2013 season

Medical Information:

Medical problems: (please check)

<input type="checkbox"/> Back injury	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Surgery	<input type="checkbox"/> Knee Injury	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ankle Injury	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Neck Injury	

Explain: _____

Parent/Student Commitment Acknowledgement:

- 1) We have read and understand the **TEAM COMMITMENT** associated with the performance team my son/daughter has chosen to tryout for (both summer and school year).
- 2) We have read and understand the **RULES** for attendance, class grading system, performances, and personal conduct.
- 3) We have read and understand the **FINANCIAL COMMITMENTS** associated with participation on a performance team.
- 4) **IMPORTANT:** any team member who tries out and makes the performance team (or signs up for Boys Choreo only) will be responsible for **ALL** financial and team commitments, **even if he or she chooses at some point NOT to participate or is dropped from the team. Class credit will be received only if a student fulfills the entire year of team commitment as outlined.**
- 5) We have read and understand the workshops, tryout information and tryout procedure, judging and scoring procedure related to PVPHS tryouts for these performance teams and accept all judges' decisions as final.
- 6) We understand and consent to the videotaping and photographing of the student in a school-related activity.
- 7) **WE ACKNOWLEDGE THAT WE, THE PARENTS AND STUDENT, UNDERSTAND AND ACCEPT RESPONSIBILITY FOR ALL COMMITMENTS ASSOCIATED WITH THE PERFORMANCE TEAM HE/SHE HAS CHOSEN, AND GIVE OUR CHILD PERMISSION TO TRYOUT (OR SIGN-UP - BOYS CHOREO ONLY).**

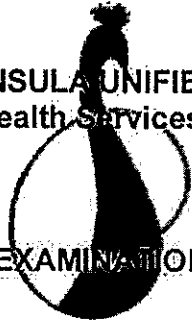
Parent's Signature _____

Date _____

Student's Signature _____

Date _____

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Health Services



PHYSICAL EXAMINATION REPORT

Student's Name _____ Birthdate _____

Student's Grade _____

A physical examination of this student was performed on (*Date*) _____.

He/she is physically fit to participate in all athletics.*

Tdap booster given on (*Date*) _____.

Date _____
Physician's Signature _____

VALID ONLY WITH PHYSICIAN'S STAMP

Telephone: _____

* California Interscholastic Federation (CIF) policy 308 states . . . "schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. . . . The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition..."

PVPUSD accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse practitioner with a MD's stamp.

Palos Verdes Peninsula Unified School District



Athletic/Activity Report

(Forgery of these forms will result in disciplinary action by the Associate Principal)

Sport/Activity

1. _____
2. _____
3. _____

Last Name (print)	First Name (print)	Grade	Boy/Girl	Sport
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Address	City/Zip Code	Home Telephone Number
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Age	Birthdate	Month and year started ninth grade
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Did you **transfer** from another **high school**? If so, what date? List name, city, and state of the high school that you transferred from.

Insurance Requirements

California Law (*Education Code* §§ 32220-32224) requires every member of an athletic team to have at least \$1,500 medical and hospital coverage.

I ALREADY HAVE INSURANCE for my son/daughter which meets the requirements of California Law. The name of my insurance company is _____ and the policy number is _____. I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

School Insurance

Myers/Stevens Insurance Company

I am purchasing Myers/Stevens insurance and returning the Myers/Stevens envelope with the Athletic Packet so the school can send it to the company. I am purchasing the following coverage: (check the appropriate coverage.)

<input type="checkbox"/> Tackle Football (covers only tackle football) <input type="checkbox"/> Full Time Low Med High <input type="checkbox"/> Student Health Care Payment Plan	<input type="checkbox"/> School Time Low Med High <input type="checkbox"/> Full Time Low Med High <input type="checkbox"/> Extra Dental
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Athletic Commitments and Responsibilities

I have read and understand the following sections of the Athletic Packet:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Academic Eligibility Standards • Athletic/Activity Code of Conduct • District Letter Regarding Insurance Coverage • Code of Ethics - Athletes • Emergency Card | <ul style="list-style-type: none"> • Physical Form • Student Insurance • Participation Donation Letter • Medical Treatment Authorization-Waiver, Release, and Indemnity Agreement |
|--|---|

Signature of Parent/Guardian

Signature of Student

Date

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
 MEDICAL TREATMENT AUTHORIZATION
 WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY SPORTS OR NON-SPORTS PROGRAM**

Participant: _____

Description of Activity: _____ Name of School: _____

Date(s) of Activity: _____

Transportation provided by District Transportation is parent responsibility

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary as part of the PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT (District) sports or non-sports program. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.


For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

	Participant has no special health needs the staff should be aware of, and no medication is required.
	Participant has a special need, and instructions are attached. Number of attached pages: _____
	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

 _____
 Parent/Guardian Signature

 _____
 Participant Signature

 Date

 Parent/Guardian Name (Please Print)

 Phone Number

 Health Plan

 Street Address City State Zip Code

Plan # _____

Principal / Designee Signature _____



PALOS VERDES PENINSULA HIGH SCHOOL

ATHLETIC AND CO-CURRICULAR CODE OF CONDUCT

Students and parents shall be informed that a student who competes in athletics or extra and co-curricular activities is held to specific standards of conduct and citizenship. These standards apply throughout the school year. When students and parents sign and return the Code of Conduct, they are indicating that they understand the Code and the consequences that will follow if it is violated.

VIOLATIONS OF THE CODE

- A. Violations involving drugs, alcohol, and/or drug paraphernalia will result in a school suspension and six-week co-curricular suspension from athletics and all other school activities. The student will also be required to attend six class sessions in "The Outlook Program," which is an educational approach to substance abuse.
- B. Any Category 1 or 2 violation of the "The Safe School Policy" may require removal of the student from Peninsula High School and/or referral to law enforcement.



10932 Pine Street
Los Alamitos, California 90720

Telephone: 562-493-9500
Fax: 562-493-6266

Code of Ethics - Athletes

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 its students. It is within this context that the following Code of Ethics is presented.

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 (Article 523).

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 recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the PV Peninsula High School - PVPUSD (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office. (Revised 7/08)

As a participant in athletics or extra-curricular activities, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for fellow students, teachers, school staff, teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of teachers, school staff, and game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field, including extra-curricular activities.
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 and of extra-curricular activities.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use and/or possession of alcohol, tobacco, prescription drugs, 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 and academic rules and regulations as they pertain to eligibility and sports or extra-curricular participation.
11. Win with character, lose with dignity.

DATED: _____

Parent / Caregiver Signature

Student / Athlete Signature

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

Concussion Information Sheet

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:

- 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

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Concussion Information Sheet

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 it's 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 Name Printed



Student-athlete Signature

Date

Parent or Legal Guardian Printed



Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

Sport/Activity _____
Coach/Advisor _____
Level (M/JV/10/9) _____

PRINT NAME _____ FIRST _____ MIDDLE _____
Use Initials
Grade _____ Birthdate _____ Age _____ Student Cell # _____
Student Email _____

**** I hereby give my permission for the administration of emergency first aid to the above student and approval for his/her participation in the above sport/activity. ****

PRINT NAME - PARENT/GUARDIAN _____ SIGNATURE - PARENT/GUARDIAN _____ DATE SIGNED _____

CLEARANCE PROCEDURE:

- Health Office (Physical Form) _____ Physical Expires _____ Initials _____ Date Signed _____
- Student Store (Insurance & Code of Conduct) _____ Initials _____ Date Signed _____
- Athletic Office - Waiver / Transportation (F-603 or F-605) _____ Initials _____ Date Signed _____

NOTE: A new card must be completed for each sport or activity. Student may not participate until this card has been completed and turned in.

EMERGENCY INFORMATION ON BACK

PARENTS: This information is necessary in the event injury occurs while away from school or outside regular school hours. Please be as specific as possible.

Student Full Name _____
Home Address _____
Mother / Father Name(s) _____
Parent Email _____
Where Mother may be reached - Home Phone _____ Wk # _____ Cell # _____
Where Father may be reached - Home Phone _____ Wk # _____ Cell # _____
Contact if neither Mother nor Father can be reached - Name _____
Contact Phone _____ Work # _____ Cell # _____
Doctor _____ Phone _____
Hospital _____ Phone _____
CHECK ONE: SCHOOL INSURANCE PRIVATE INSURANCE _____
Name - Insurance Company
History or Allergies, Injuries, Heart, or Other Medical Problems: _____