

Torrance High School
ATHLETICS / BAND / PEP SQUAD/ DRILL TEAM/ SONG TEAM
CLEARANCE PROCEDURES

WARNING: YOU MAY NOT PRACTICE OR COMPETE UNTIL YOU RECEIVE A CLEARANCE SLIP FROM THE ATHLETIC DIRECTORS OFFICE OR THE BUSINESS OFFICE, AND GIVE IT TO YOUR COACH OR SPONSOR.

FOLLOW THESE STEPS:

1. A **CLEARANCE PACKET** is attached to these directions. Please download the packet at www.ths.tusd.org, click on the athletics icon.
2. **Signatures** and information are required on all pages and on the attached **EMERGENCY FORMS (DOUBLE SHEET- PLEASE FILL OUT BOTH)**. Packets will not be accepted if all forms are not completely filled out, signed and the transportation contribution or waiver and current medical Insurance card are attached.
3. A doctor must complete the **PHYSICAL FORM**, sign and affix a stamp. Everything else can be read and completed by the student and parent or guardian at home.
4. **Please print out this packet and return it completed to the Business Office. A student must be cleared for participation before the official season of practice begins.**

CHEER/ SONG CLEARANCES: All participants must be cleared before camp on July 25, 2011.

FOOTBALL CLEARANCES: All football players must be cleared before August 19, 2011.

All athletes must be cleared before the first day of Official Practice (Monday- August 24, 2011). Please return these completed forms to the Business Office, Monday thru Friday, beginning June 20, 2011

The office is open from 8:00am to 3:00pm during the summer break

5. If you are unable to return your completed **CLEARANCE PACKET** before school begins in the fall, take it to the Business Office the first day of school, before school, lunch and/or after school. **DO NOT** return the **CLEARANCE PACKET** to your coach.
6. When you return the completed **CLEARANCE PACKET**, you will receive a **CLEARANCE SLIP** to take to your coach or sponsor. Please give them that slip.

Torrance High School - CLEARANCE FORM

ATHLETICS/BAND/PEP SQUAD

PART 1 – STUDENT INFORMATION

Please **PRINT** this information carefully.

LAST NAME	FIRST NAME	BIRTHDATE	GRADE THIS YEAR
STREET ADDRESS		CITY	ZIP CODE
TELEPHONE NUMBER			

PART 2 – PARENT/GUARDIAN INFORMATION

We are building a database of parent/guardian occupations and interests as a source of advice and assistance in maintaining the high school's Athletic, Band and Pep programs.

FATHER'S NAME	EMPLOYER	OCCUPATION	WORK PHONE
MOTHER'S NAME	EMPLOYER	OCCUPATION	WORK PHONE

PLEASE LIST ANY OTHER SKILLS /AVOCATIONS /SPARE TIME THAT WOULD BE POTENTIAL ASSISTANCE TO THESE PROGRAMS

PART 3 – PHYSICAL EXAMINATION

An annual physical examination or statement by a medical practitioner certifying that the student is physically fit to participate is required before a student may participate in Athletics, Band or Pep Squad.

DATE OF PHYSICAL EXAM	NAME OF DOCTOR OR MEDICAL PRACTITIONER	LOCATION OF PHYSICAL EXAM
-----------------------	--	---------------------------

PART 4 – INSURANCE-(ADDITIONAL INFORMATION REQUIRED ON DIFFERENT SHEET)

California Sate law (EdCode Sect 31751-55) requires every students taking part in school Athletic, Band, Debate, Drill Team or Pep programs to have accidental bodily injury insurance. This coverage **MUST** be a minimum of \$1,500 in scheduled medical and hospital benefits, and at least \$1,500 in accidental death benefits. This coverage may be provided through your own medical insurance or you may purchase student insurance through Myers-Stevens & Company. Forms are available in Business office or on-line at www.ths.tusd.org. **This is a requirement! Uninsured students will not be allowed to participate**

Please sign and provide a copy of current medical insurance card:

NAME OF INSURANCE COMPANY	PARENT/GUARDIAN SIGNATURE
---------------------------	---------------------------

PART 5 – CONSENT OF PARENT/GUARDIAN AND STUDENT

My signature affixed hereon gives permission for my son/daughter to participate in Athletics, Band, Debate or Pep Squad at the high school and certifies that I (PARENT/GUARDIAN AND STUDENT) have read and agree with the Rules and Regulations on the back of this form.

DATE	PARENT/GUARDIAN SIGNATURE	STUDENT SIGNATURE
------	---------------------------	-------------------

PART 6 – APPROVAL BY ATHLETIC DIRECTOR OR ATHLETIC SECRETARY

DATE	ATHLETIC DIRECTOR'S SIGNATURE	TUSD RECEIPT NUMBER	AMOUNT PAID	CHECK NUMBER	CASH PAYMENT
FALL:		WINTER:		SPRING:	

TORRANCE UNIFIED SCHOOL DISTRICT
ATHLETIC RULES AND INFORMATION

ASB CARD: It is recommended that all athletes purchase ASB cards. The ASB card provides discounts for school activities and free entrance into all league and practice athletic events the entire year. It is required in order to receive athletic awards, letters, plaques, etc., free of charge.

1. **OUTSIDE TEAMS: Athletes cannot play on another team in the same sport from the time of high school's first contest against another school, in that sport, through the final game of the season.**

2. **SCHOLASTIC ELIGIBILITY (TUSD Board Policy 327.22)**

- a. Athletes must be legally enrolled and progressing toward meeting graduation requirements.
- b. Athletes are expected to enroll in six classes and are ineligible if they drop below five classes.
- c. Athletes must maintain a minimum GPA of 2.0 in all classes for the quarter completed prior to each season. **Weighted GPA's do not count for eligibility reasons.**
- d. Athletes may have no more than one (1) unsatisfactory grade in citizenship for the quarter completed prior to the season and throughout the season.
- e. These academic and citizenship standards must be maintained each quarter (10 week period) to stay eligible.

3. **TORRANCE HIGH SCHOOL ATHLETIC COUNCIL:** Any athlete suspended from school, in or out of season, will be subject to disciplinary actions by the Athletic Council. Any athlete caught in the possession of, or under the influence of liquor, tobacco or controlled substances, in or out of season, will be subject to disciplinary actions by the Athletic Council. If requested by a coach or administrator, the Athletic Council will convene to investigate alleged individual or team violations and has the authority to invoke disciplinary action.

4. **HIGH SCHOOL ATHLETIC RULES:**

- a. Athletic department qualification for earning a letter is that an athlete must complete the season as a member of the varsity team (cannot have been cut, become in-eligible, been suspended or quit). Coaches have the right to add their own criteria for their programs.
- b. All school-issued equipment (uniforms, bags, etc.) must be returned at the end of the season or the athlete will receive an incomplete grade and be put on the activities office debt list until the equipment has been returned or paid for. Yearbooks and or other items may not be received if your name is on the list.
- c. Athletes may not transfer from an "in-season" sport to any other sport until after the last game of the "in-season" sport or until released by the coach of the "in-season" sport.
- d. Athletes are guaranteed a chance to tryout for another sport at the conclusion of their present sport season. We encourage athletes to participate in more than one sport during the year.
- e. Athletes who are cut from a sport will be transferred to a regular P.E. Class. Classes will range from 0-5th period. They must report to class daily and wear the required P.E. uniform in order to receive credit.
- f. All athletes must go to and from games on the team bus or with an authorized adult driver.
- g. To be a member of a high school athletic team is a privilege and an honor. We expect all players on the field to conduct themselves like ladies and gentlemen. Specifically, we do not want players to criticize teammates or officials nor to commit deliberate fouls. When fouled, we do not want our players to retaliate. In short, we expect high school athletes to play with "class" and "character".
- h. The athletic department has additional policies and rules that may be brought into effect according to the violation that may have occurred. All athletes are expected to follow school rules at all times.

5. **THE ATHLETE, PARENT, AND COACH:**

- a. Coaches may, and often do, set additional rules and regulations for their sports.
- b. Lines of communication. If a problem arises, parents are required to discuss it with the coach prior to calling the Athletic Director and/or Administration. No anonymous complaints (either in writing or otherwise) will be addressed.

TORRANCE UNIFIED SCHOOL DISTRICT

TRANSPORTATION

1. The Torrance Unified School District requires that all four high schools collect contributions for extracurricular transportation. Funding will be collected from all Athletic teams, Band, Debate, Drill Team, and Pep Squad, and will be used to pay for busses carrying these high school students to and from activities and games.
2. The basic payment per athlete is:

A.	One (1) student in one season of activity/team	\$130.00
B.	One (1) student in two or more seasons of activities/teams (BAND, PEP, SONG, DRILL)	\$200.00
C.	Two or more students each of whom are in two or more activities/teams	\$300.00

3. The contribution applies to all interscholastic athletics that use busses and drivers. **Band, Pep Squad, Song Team and Drill Team are considered two season activities and are asked to pay \$200.00**
4. **Refund Policy:**
 - a. Refunds will be granted to students who are cut or voluntarily drop **before their activity/team's first contest.**
 - b. **No refunds** will be granted to students who are cut or drop the activity/team after the first contest, regardless of whether or not the student participated.
 - c. **No refunds** will be granted to students who become scholastically ineligible.
5. Please write a check or money order, payable to the **Torrance Unified School District**. Complete the information below and on your check, write your student's full name, grade level, and sport(s).

Name of Student	Fall Sport	Winter Sport	Spring Sport	Amount

Name of Student	Band	Debate	Pep/Drill	Amount

THIS FORM MUST BE SIGNED

Parent Signature _____ Date _____

**TORRANCE UNIFIED SCHOOL DISTRICT
PERMISSION FOR USE OF STUDENT PHOTOS AND INTERVIEWS**

The Torrance Unified School District offers many unique educational programs as well as strong athletic programs. As a result of this, Torrance High School anticipates positive print and broadcast media attention during the school year. This media attention will serve to increase the public's awareness of all programs offered through the Torrance Unified School District as well as Torrance High School. The Daily Breeze and Torrance CitiCABLE Channel 3 are just a few of the media groups that routinely feature our students.

All print and broadcast interviews will involve representatives from Torrance High and administrators or a designee will be present for all media interviews. We are requesting your written permission so that any photographs, video footage or comments of your child may be used or distributed by the media or TUSD. Please complete the form below

I, _____, parent/guardian of _____,
(Print Parent/ Guardian Name) (Print Students First/Last Name)

hereby give my permission without restriction for my child to be photographed, interviewed, and/or videotaped during the current school year at Torrance High School by the representatives of the print and broadcast media and/or TUSD. I fully relinquish the rights of interest any type of media which may be used for any legitimate purpose by the school and TUSD.

(Parent/Guardian Signature) (Date)

TORRANCE HIGH SCHOOL

WARNING TO STUDENTS, PARENTS & GUARDIANS

**SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY
MAY RESULT FROM ATHLETIC COMPETITION**

By its very nature, competitive athletics may put students in situations which SERIOUS, CATASTROPHIC and, perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

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 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 overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

By choosing to participate, you the student, acknowledge that such risks exist.

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.** Players may reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following the proper conditioning program and inspecting their own equipment daily. **Damaged equipment must be replaced.**

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 for further information.

DIRECTIONS: Sign this form and return it to the Athletic Office with the Athletic Packet.

This will acknowledge that we have read and understand the material contained in this WARNING TO STUDENTS, PARENTS and GUARDIAN.

Signed _____
Parent or Guardian

Date _____

Signed _____
Student

Date _____

Student's Name (Please Print) _____

Torrance Unified School District

ATHLETIC INSURANCE COVERAGE

SPORT: _____ M _____ F _____

STUDENTS NAME: _____ GRADE: _____

THIS FORM WILL BE CONSIDERED INCOMPLETE AND RETURNED TO THE STUDENT IF THE INSURANCE PROVIDER'S NAME & GROUP/POLICY NUMBER ARE NOT PROVIDED WITH A COPY OF THE STUDENTS MEDICAL INSURANCE CARD ATTACHED

I HAVE MY OWN health or accident insurance for my student which meets the requirements of California Law

INSURANCE PROVIDER

STUDENT'S POLICY NUMBER

PARENT/GUARDIAN SIGNATURE

If you do not have insurance coverage, a policy may be purchased through Myers/Stevens. Please follow instructions below:

I AM PURCASING THE MYERS/STEVENS SCHOOL INSURANCE. Complete the Myers/Stevens Enrollment form Available in the business office or on-line. Enclose payment (check, money order or credit card) made payable to MYERS/STEVENS and return it to the business office with your completed clearance packet.
DO NOT MAIL TO MYERS/STEVENS. Please place a check below next to the coverage you are purchasing:

- _____ TACKLE FOOTBALL INSURANCE ONLY
- _____ SCHOOLTIME COVERAGE-----covers all sports except tackle football
- _____ 24-HOUR COVERAGE-----covers all sports except tackle football

PARENT/GUARDIAN SIGNATURE

DATE

TORRANCE UNIFIED SCHOOL DISTRICT
AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN
REGARDING USE OF STERIODS

(Print Name of Student Athlete)

(High School)

As a condition of the membership in the California Interscholastic Federation (CIF), the Governing board of the Torrance Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D, the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the District's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

(Signature of Student Athlete)

(Date)

(Signature of Parent/Guardian)

(Date)

Torrance Unified School District
TORRANCE HIGH SCHOOL

**PERMISSION FOR STUDENT TO RIDE IN A CAR/ STUDENT PASSENGER
AUTHORIZATION FORM**

TO: Parents of Students Involved in Voluntary School-Sponsored Events for which Torrance High School does NOT Provide Transportation

SUBJECT: **TRANSPORTATION TO SCHOOL-SPONSORED ACTIVITIES IN WHICH STUDENTS VOLUNTARILY PARTICIPATE**

Torrance High School specifically requires the completion of the permission forms which indicate that insurance responsibility on the part of drivers is adequately met and that parents give permission for their students to be transported by coaches, parents, sponsors or other adults to such voluntary school-sponsored events.

Parents must understand that Torrance High School does not provide transportation to some voluntary school-sponsored events and that it is solely a parent's responsibility to arrange transportation for his/her son/daughter if the parent wishes his/her son/daughter to attend/participate in the event(s).

If, as a parent or guardian, you wish your son/daughter to be transported by a coach, sponsor, parent or other adult to a voluntary school-sponsored event, the appropriate form must be completed prior to the school-sponsored event. Please read the form carefully.

DRIVERS ARE NOT ACTING AS AGENTS OF TORRANCE HIGH SCHOOL.

DRIVERS ARE NOT DRIVING ON BEHALF OF TORRANCE HIGH SCHOOL.

TORRANCE HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE DRIVERS.

TORRANCE HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE PASSENGERS

Please ask your coach/sponsor if you have questions concerning the voluntary transportation policy or about the required permission forms.

STUDENT PASSENGER AUTHORIZATION FORM

For Torrance High School Students to Ride to a School-Sponsored Event with an Approved Coach, Sponsor, Parent or Adult Driver

The undersigned hereby acknowledges and understands that Torrance High School is not providing transportation to certain voluntary school-sponsored event(s) and that is the responsibility of the undersigned to arrange transportation for his/her son or daughter.

TORRANCE HIGH SCHOOL MAY **NOT** PROVIDE BUS TRANSPORTATION FOR CERTAIN AWAY CONTESTS/TOURNAMENTS. PARTICULAR EVENTS MAY ALLOW FOR INDIVIDUALS OR TEAMS TO TRAVEL BY PRIVATE TRANSPORTATION TO SOME CONTESTS, TOURNAMENTS OR WEEKEND EVENTS. ADVANCE NOTICE WILL BE GIVEN TO ALL TEAM MEMBERS.

As parent/legal guardian, I hereby authorize and give permission for my son/daughter,

(Student's name) _____, to ride as a passenger in a vehicle driven by a coach, sponsor, parent or other adult to the above school sponsored event(s).

The undersigned acknowledges and understands that the driver is not driving on behalf of, or as an agent of, Torrance High School. Further, the undersigned understands that Torrance High School has not verified the driving record or DMV record of the driver or the mechanical condition of the vehicle.

However, the driver has produced a signed document indicating adequate insurance coverage, possession of a California Driver's License and that the vehicle is in proper mechanical condition.

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

Revised 7/1/05
Mandatory

TORRANCE HIGH SCHOOL PHYSICAL SCREENING FORM

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ Phone (W) _____

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

	Yes	No		Yes	No		
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Has a doctor ever told you that you have (check all that apply):			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> High blood pressure			33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> High cholesterol			34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> A heart murmur			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> A heart infection			36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>		
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>		
19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>		
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	47. FEMALES ONLY Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>		
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	48. How old were you when you had your first menstrual period?				
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	49. How many periods have you had in the last 12 months?				
23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:				

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

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

TORRANCE HIGH SCHOOL PHYSICAL SCREENING FORM

HISTORY (Must be completed and signed by parent prior to examination):

SPORT: _____ SCHOOL: TORRANCE HIGH DATE: _____

PRINT: Last Name	First Name	M.I.	Grade	Age	Date of Birth
Address			City	Zip Code	

HEALTH HISTORY (To be completed by student or parent):

Check and give as much information as possible **Y = yes, N = no**

Heart Trouble High Blood Pressure Asthma Diabetes
 Kidney Problems Head Trauma Seizures Other (List below)

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

Current medications Allergies Last Tetanus Immunization

Signature of Parent or Guardian: _____

* * * * *

PHYSICAL EXAMINATION (To be completed by physician):

Height: _____ Weight: _____ Temp: _____ Blood Pressure: _____ Pulse: _____ Respirations: _____

Visual Acuity: O.D. ____/____ O.S. ____/____ () Corrected () Uncorrected L.M.P. _____

() Chest Pain () Extreme S.O.B. () Dizziness () Fatigue () Palpitations () Sudden Death of Family Member

		10. MUSCULOSKELETAL, ROM, STRENGTH	
	NORMAL	NECK	
1. EYES		SPINE	
2. EARS, NOSE, THROAT		SHOULDERS	
3. MOUTH AND TEETH		ARMS/HANDS	
4. NECK		HIPS	
5. CARDIOVASCULAR		THIGHS	
6. CHEST AND LUNGS		KNEES	
7. ABDOMEN		ANKLES	
8. SKIN		FEET	
9. GENITALIA-HERNIA(MALE)		11. NEUROMUSCULAR	

ABNORMAL FINDING: _____

RECOMMEND: () Full Activity, No Restrictions Recommend: () Vision Evaluation () Tetanus Booster
 () Accept, Restrictions: () No contact sports () Other: _____
 () Not Participate

EXAMINING PHYSICIAN: _____ License#: _____ Date: _____

Address: _____ **Doctor's Stamp here:**

Phone #: _____

TORRANCE HIGH SCHOOL
CIF SOUTHERN SECTION
ATHLETES CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, 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 an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment 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 use 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.

Athlete's Signature: _____ **Date:** _____

Athlete's Name Printed: _____

Parent Signature: _____ **Date:** _____

The CIF-Southern Section requires that a copy of this form be kept on file in the Athletic Director's Office at the local high school on an annual basis.

Pursuing Victory With Honor* Code of Conduct for Parents/Guardians

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-athletes.
- *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 tradition 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 Signature

Date

TORRANCE HIGH SCHOOL-ATHLETIC EMERGENCY CARD

FILL IN BOTH COPIES

PARTICIPATION YEAR: _____ **SPORTS:** _____

Name: _____ Grade: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Work Phone: _____ X. _____ Work Phone: _____ X. _____

Cell Phone: _____ Cell Phone: _____

Family Physician: _____ Physician Phone: _____

Emergency consent on file at: _____ (Please fill in Hospital Name)

My student athlete has the following medical insurance: _____ (Please fill in company)

Policy # _____ Group # _____ Other info: _____

If a parent cannot be reached, please contact: **(this information is required)**

1. Name: _____ Relationship to athlete: _____

Address: _____ Phone #(s) _____

2. Name: _____ Relationship to athlete: _____

Address: _____ Phone #(s) _____

In case of an emergency, I give permission to take _____ to a physician/hospital. I hereby authorize the physician to take necessary care of my child and I agree to assume responsibility for all medical services.

Parent/Guardian Signature: _____ Date: _____

TORRANCE HIGH SCHOOL-ATHLETIC EMERGENCY CARD

FILL IN BOTH COPIES

PARTICIPATION YEAR: _____ **SPORTS:** _____

Name: _____ Grade: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Work Phone: _____ X. _____ Work Phone: _____ X. _____

Cell Phone: _____ Cell Phone: _____

Family Physician: _____ Physician Phone: _____

Emergency consent on file at: _____ (Please fill in Hospital Name)

My student athlete has the following medical insurance: _____ (Please fill in company)

Policy # _____ Group # _____ Other info: _____

If a parent cannot be reached, please contact: **(this information is required)**

1. Name: _____ Relationship to athlete: _____

Address: _____ Phone #(s) _____

2. Name: _____ Relationship to athlete: _____

Address: _____ Phone #(s) _____

In case of an emergency, I give permission to take _____ to a physician/hospital. I hereby authorize the physician to take necessary care of my child and I agree to assume responsibility for all medical services.

Parent/Guardian Signature: _____ Date: _____