

CLEARANCE PROCEDURES

The following pages include all documents you must fill in and print out for your packet to be complete. You may type on the document where there is a form field (GRAY BOX) – don't forget to SIGN the forms where applicable. If you save your document, you may use it in the future without having to re-enter all your information. Read all information carefully. **Turn in only pages 3 to 10.**

A doctor must complete the PHYSICAL FORM and sign and affix his/her stamp. Everything else can be read and completed by the student and parent or guardian at home.

CLEARANCE CHECK LIST

○ CLEARANCE FORM

- Part 1 and 2 (fill out completely)
- Part 3 (your own policy) – give the name of the company and policy number. If using Myers-Stevens you must pick up form from school business office OR download from www.whs.tusd.org
- Parent/Guardian must sign and date Part 3 and 4. Student must sign Part 4.

○ ATHLETES CODE OF ETHICS

- Read Carefully
- Student and Parent/Guardian must sign and date

○ CONCUSSION INFORMATION SHEET

- Read Both Pages Carefully
- Student and Parent/Guardian must sign and date

○ TRANSPORTATION CONTRIBUTION

- Review the information sheet explaining the contribution
- Submit in a sealed envelope with student's name and sport/activity written on the front

○ ATHLETIC EMERGENCY CARD

- Please fill out completely – **BOTH (top & bottom so we have duplicate cards)**
- If you fill in this form in Microsoft Word the information will be copied to the bottom card when you print it.

○ PHYSICAL – Valid for one year, preferably dated after June to cover the school year

- Must have doctor's signature, license#, and date on physical form
- Must have doctor's stamp on physical form
- Address and phone number of the Medical Office
- Parent/Guardian must sign

○ INFORMATION ACKNOWLEDGEMENT FORM

- Read the following carefully:
 - **WARNING TO STUDENTS AND PARENTS** (page 11)
 - **PURSuing VICTORY WITH HONOR** (page 12)
 - **REGARDING USE OF STEROIDS AGREEMENT** (page 13)
 - **USE OF CONTROLLED SUBSTANCE** (page 13)
- Parent/Guardian must sign and date Information Acknowledgement Form in **5** places
- Student must sign and date Information Acknowledgement Form in **4** places

RETURN COMPLETED PACKETS (PAGES 3 TO 10) TO THE BUSINESS OFFICE

ONLY COMPLETED PACKETS WILL BE ACCEPTED

ANY QUESTIONS: PLEASE CALL THE BUSINESS OFFICE AT 533-4299 X 7688

PLEASE READ

TORRANCE UNIFIED SCHOOL DISTRICT

ATHLETIC RULES AND INFORMATION

1. **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.
2. **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.
3. **SCHOLASTIC ELIGIBILITY**
 - a. Athletes must be legally enrolled and progressing toward meeting graduation requirements.
 - b. Athletes are expected to enroll in at least four and up to seven classes and are ineligible if they drop below four classes.
 - c. Athletes must maintain a minimum GPA of 2.0 in all classes for the quarter completed prior to each season.
 - 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 to stay eligible. Athletes who are ineligible for two consecutive quarters may be dropped from 6th period athletics.
4. **HIGH SCHOOL ATHLETIC RULES:**
 - a. One qualification for earning a letter is that an athlete must complete the season as a member of the team (cannot have been cut, been suspended or quit).
 - 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 until the equipment has been returned or paid for.
 - 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. It may be during 6th or a different period. They must report to class daily and wear the required P.E. uniform.
 - f. All athletes must go to and from games on the team bus.
 - 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".
5. **THE ATHLETE AND COACH:**
 - a. Coaches may, and often do, set additional rules and regulations for their sports.
 - b. If you have any questions, don't be afraid to ask the coach.
 - c. **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.

West High School CLEARANCE FORM
ATHLETICS / BAND / COLOR GUARD / ADV. DANCE / DEBATE / DRILL TEAM / PEP

PART 1 – STUDENT INFORMATION

Please **PRINT** this information carefully.

LAST NAME	FIRST NAME	BIRTH DATE	GENDER	GRADE
STREET ADDRESS		CITY		ZIP CODE
TELEPHONE NUMBER	SCHOOL ATTENDED DURING THE LAST SCHOOL YEAR			
LIST ALL SPORTS / ACTIVITIES YOU WILL BE PARTICIPATING IN				

PART 2 – PARENT/GUARDIAN INFORMATION (Optional)

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 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 OF POTENTIAL ASSISTANCE TO THESE PROGRAMS			

PART 3 – INSURANCE

Students taking part in the school Athletic programs **MUST** be covered by a minimum of \$1,500 insurance. This coverage may be provided through your own medical insurance **OR** you may purchase student insurance through Myers-Stevens & Company. Forms are available in the Athletics Office or online at www.whs.tusd.org

This is to certify that my student is covered by the required medical insurance:

NAME OF INSURANCE COMPANY	PARENT/GUARDIAN SIGNATURE
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PART 4 – CONSENT OF PARENT/GUARDIAN AND STUDENT

My signature affixed hereon gives permission for my son/daughter to participate in Athletics/Band/Color Guard/Adv. Dance/ Debate/Drill Team/Pep at the high school and certifies that I (PARENT/GUARDIAN AND STUDENT) have read and agree with the Rules and Information on page 2 of this packet.

DATE	PARENT/GUARDIAN SIGNATURE	STUDENT SIGNATURE
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PART 5 – APPROVAL BY ATHLETIC DIRECTOR OR ATHLETIC SECRETARY

DATE	ATHLETIC DIRECTOR'S SIGNATURE	INSURANCE	ETHICS	EMERG CARD	PHYSICAL	SIG PAGE
TRANSPORTATION CONTRIBUTION \$						

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/Guardian 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.

WEST HIGH SCHOOL

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

WEST HIGH SCHOOL
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 its 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

TORRANCE UNIFIED SCHOOL DISTRICT

TRANSPORTATION CONTRIBUTION

1. The Torrance Unified School District requires that all four high schools collect parent contributions for extracurricular transportation. Contributions 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 activities and games.

2. The basic contribution per family:

A.	One (1) student in one activity/team	\$130.00
B.	One (1) student in two or more activities/teams	\$200.00
C.	Two (2) students each of whom is in one activity/team	\$240.00
D.	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, Color Guard, Debate, Drill Team, and Pep Squad 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, 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/Color Guard	Debate	Pep/Drill	Amount

**PLEASE FILL OUT AND SIGN BOTH TOP AND BOTTOM CARDS
WEST HIGH SCHOOL ATHLETIC EMERGENCY CARD**

STUDENT LAST NAME	STUDENT FIRST NAME	BIRTHDATE	GENDER	GRADE
SPORTS / ACTIVITIES				
FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	PHONE NUMBER	WORK/CELL NUMBER	
MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME	PHONE NUMBER	WORK/CELL NUMBER	
PHYSICIAN NAME	PHYSICIAN PHONE	HEALTH INS COMPANY:		
POLICY NUMBER:	GROUP NUMBER	RESPONSIBLE PARTY		
ALLERGIES / MEDICATIONS				

IN THE EVENT OF AN ACCIDENT OR INJURY, PLEASE NOTIFY:

LAST NAME	FIRST NAME	PHONE NUMBER	PHONE NUMBER
LAST NAME	FIRST NAME	PHONE NUMBER	PHONE NUMBER

STUDENT NAME

In case of an accident, I give my 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 _____

WEST HIGH SCHOOL ATHLETIC EMERGENCY CARD

STUDENT LAST NAME	STUDENT FIRST NAME	BIRTHDATE	GENDER	GRADE
SPORTS / ACTIVITIES				
FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	PHONE NUMBER	WORK/CELL NUMBER	
MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME	PHONE NUMBER	WORK/CELL NUMBER	
PHYSICIAN NAME	PHYSICIAN PHONE	HEALTH INS COMPANY:		
POLICY NUMBER:	GROUP NUMBER	RESPONSIBLE PARTY		
ALLERGIES / MEDICATIONS				

IN THE EVENT OF AN ACCIDENT OR INJURY, PLEASE NOTIFY:

LAST NAME	FIRST NAME	PHONE NUMBER	PHONE NUMBER
LAST NAME	FIRST NAME	PHONE NUMBER	PHONE NUMBER

STUDENT NAME

In case of an accident, I give my 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 _____

SCHOOL PHYSICAL EXAMINATION

West High School

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

GRADE: _____ ATHLETIC PROGRAM IF STUDENT PARTICIPATES IN ATHLETICS: _____

Last Name First Name M.I. Grade Age Birth Date Male or Female

Address City Zip Code

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

Check "yes" or "no" and give as much information as possible.

_____ Heart Trouble _____ High Blood Pressure _____ Asthma _____ Diabetes
_____ Kidney Problems _____ Head Trauma _____ Seizures _____ Other

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

Current medications Allergies Date of Last Tetanus Shot

Signature of Parent or Guardian: _____

PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN :

Visual Acuity (Distance): O.D._____/_____/_____ O.S. ____/____/____ () Corrected () Uncorrected LMP_____

Ht _____ Wt _____ Temp _____ B/P _____ Pulse _____ Respirations _____

	Normal
1. Eyes	
2. Ears, Nose, Throat	
3. Mouth and Teeth	
4. Neck	
5. Cardiovascular	
EKG results if done	
6. Chest and Lungs	
7. Abdomen	
8. Skin	
9. Genitalia-Hernia (male)	

	Normal
10. Musculoskeletal ROM Strength	
Neck	
Spine	
Shoulders	
Arms/Hands	
Hips	
Thighs	
Knees	
Ankles	
Feet	
11. Neuromuscular	

SIGNIFICANT HISTORY FINDINGS:

() Chest Pain () Extreme S.O.B. () Dizziness () Fatigue () Palpitations () Hx of family member w/ MI under 50yrs
of age or Sudden Death of family member

Other: _____

RECOMMENDATION: () Full Activity - No restrictions () Activity with restrictions:_____
() No contact sports () No Participation
Other _____

EXAMINING PHYSICIAN: Printed or stamped
Name: _____ Address: _____ Signature: _____
License#: _____ PHONE #: _____

DATE OF EXAM: _____

INFORMATION ACKNOWLEDGEMENT FORM

STUDENT'S NAME: _____ **SCHOOL:** WEST HIGH

WARNING TO STUDENTS, PARENTS & GUARDIANS

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

Parent or Guardian Signature

Date

Student Signature

Date

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

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 or Guardian Signature

Date

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

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.

Parent or Guardian Signature

Date

Student Signature

Date

POLICY REGARDING THE USE OF TOBACCO AND CONTROLLED SUBSTANCES BY ATHLETES

This will acknowledge that we have read and understand the material contained in the POLICY REGARDING THE USE OF TOBACCO AND CONTROLLED SUBSTANCES BY ATHLETES

Parent or Guardian Signature

Date

Student 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, West 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 West 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 West 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 Student's 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 West High School by the representatives of the print and broadcast media and/or TUSD. I fully relinquish the rights of interest in the film, videotape, or photos, which may be used for any legitimate purpose by the school and TUSD.

Parent or Guardian Signature

Date

WARNING TO STUDENTS, PARENTS & GUARDIANS

<p>SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC COMPETITION</p>
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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.

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.

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.

*Our athletic program subscribes to the Pursuing Victory With Honor ArizonaSports Summit Accord. "Pursuing Victory With Honor" and the "Six Pillars of Character" are service marks of the CHARACTER COUNTS Coalition, a project of the Josephson Institute of Ethics. Reproduced with permission by the CIF.

TORRANCE UNIFIED SCHOOL DISTRICT

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

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.

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.

WEST HIGH SCHOOL POLICY REGARDING THE USE OF TOBACCO AND CONTROLLED SUBSTANCES BY ATHLETES

Philosophy: The members of the Athletic Department consider the use of tobacco, and all controlled substances such as alcohol, steroids, cocaine, PCP, barbiturates, amphetamines, heroin, marijuana, hallucinogens, and volatile chemicals to be detrimental to the health of the individual. Such usage prevents the athlete from performing at his/her ultimate level and is unfair to fellow team members and coaches. Much of the success of the athletic program at West High results from asking our athletes to meet requirements more stringent than those for other students. This policy regarding the use of harmful, dangerous and illegal substances will also require our athletes to meet standards, which are more stringent than those for the rest of our students. The actions of the Athletic Department will not be contingent upon other actions other authorities take.

Policy: Any athlete caught in the possession or under the influence of tobacco, or controlled substances, in or out of season, will be subject to the following disciplinary actions by the Athletic Department.

1. Tobacco:

- a. First offense – coach will handle.
- b. Subsequent offenses – suspension for a minimum of one game or competition.

2. Alcohol/Drugs:

- a. All violations to be reported to the assistant principal in charge of athletics.
- b. Assistant principal will appoint a committee of four coaches with the assistant principal serving as chairperson. None of the members are to be coaches of the athlete in question.
- c. Committee will review the evidence and any extenuating circumstances presented by the student, parents, coaches, teachers, counselors, dean and any other individual with appropriate information deemed applicable.
- d. The committee will vote by secret ballot on the action to be taken. A majority vote will decide, with the assistant principal voting only to break a tie. Only the decision is to be made public. The vote count is to be confidential.
- e. Possible consequences for violation of the policy may include;
 1. Recommend evaluation or substance abuse counseling
 2. Recommend enrollment in drug or alcohol rehabilitation program
 3. Suspension from athletics for a specified period of time
 4. Removal from athletics for a maximum of two consecutive seasons of sport

WEST HIGH SCHOOL

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

FROM: Mr. Ben Egan, Principal

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

West 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 West 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 WEST HIGH SCHOOL.

DRIVERS ARE NOT DRIVING ON BEHALF OF WEST HIGH SCHOOL.

WEST HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE DRIVERS.

WEST 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.

Thank you for your cooperation.