



# Athletic Handbook

*The VCA Board, Administration, and Athletic Department reserves the right to change any policy or procedure at any time as is deemed necessary and to be in the best interest of Valley Christian Academy.*

Valley Christian Academy  
301 W. Whyte Avenue, Roseville, CA 95678  
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[www.vcalions.org](http://www.vcalions.org)

## **Valley Christian Philosophy of Student Athletics**

Valley Christian Academy recognizes athletics as an integral part of the entire school setting and as a means of achieving a student's complete educational development. We also believe that all students should have an opportunity to participate in some form of interscholastic athletics within the limitations of each individual sport and that such participation should encourage positive scholastic and social growth and achievement. Both the student athlete and the sport itself should be a credit to the athlete's specific school and the community. Moreover, the Board realizes that an effective interscholastic athletic program is a product of the responsible cooperation among its four major contributors: the student athlete, the coaching staff, the site administration and parents.

We expect athletes themselves to strive to develop a personal code of conduct consistent with the time-honored values of sportsmanship, scholarship, integrity, commitment to self and team, and respect for self and others. Furthermore, as a result of participation in organized team sports, we believe our students should strive to become exemplary representatives for our schools and communities.

## **VCA ATHLETE EXPECTATIONS**

### **SPORTSMANSHIP**

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character, teamwork and other important life skills. The highest potential of sports is achieved when participants are committed to "Pursuing Victory with Honor" according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. This code applies to all student-athletes in California and has been adopted as the operating beliefs and principles of the California Interscholastic Federation (CIF). From these six core principles, a set of specific rules has been established by each respective coach.

An additional aspect of good sportsmanship includes respect for all people and institutions associated with athletic competition. Athletes will be required to exhibit respect to officials, coaches, staff, fans, and opponents.

Athletes must understand that compliance with the standards of good sportsmanship is required regardless of the particular situation. Athletes or coaches who are ejected from an athletic competition will be disqualified from participating in the remainder of the game and from attending the next athletic contest.

Athletes should demonstrate sportsmanship and ethical behavior whether experiencing success or failure, victory or defeat.

### **HAZING**

A pupil may be suspended from school, removed from a team, or recommended for expulsion if that pupil has committed an act of, engaged in, or attempted to engage in, hazing. "Hazing includes any method of initiation or pre-initiation into a student organization or student body or any pastime or amusement engaged in with respect to these organizations which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any pupil or other person attending any school."

## **SCHOOL ATTENDANCE**

Coaches recognize the importance of school attendance and expect athletes to establish good attendance patterns.

1) Students must attend at least half the school day in order to participate in either practice or competition on that day.

2) If a contest is held on a non-school day, the student must attend at least half the school day on the school day prior to the contest.

3) Excused and approved absences may count as periods of attendance for purposes of this requirement. (A doctor's note or principal's approval may be required.)

Students failing to comply with the attendance policy will be referred to their coach for discipline.

## **PRACTICE ATTENDANCE**

Students who participate in athletics make a commitment to a team and are expected to maintain good practice attendance.

Students are expected to attend all practices and contests, unless they are absent from school due to illness or the coach excuses them. Students are expected to communicate directly with the coach when they cannot attend a practice.

Unexcused absences from practice, or failure to maintain good attendance, may be cause for removal from a team.

Coaches may adopt individual rules for practice and contest attendance.

## **EQUIPMENT/CARE OF FACILITIES**

Students are expected to turn in the same piece(s) of equipment checked out to them.

Equipment and uniforms should be returned in the same condition that it was received and should be cleaned and washed before being returned. Students are expected to make arrangements to have torn or ripped clothing repaired prior to turning it in.

Students are responsible for the security of their equipment and uniforms. Students will be financially responsible for replacing any lost or stolen equipment or uniforms. In some cases, the replacement fee may be higher than the original purchase price because special processing and printing may be required to duplicate the uniform or equipment.

No awards (letters, trophies, etc.) will be issued until all equipment is returned and/or paid for unless otherwise determined by the involved coaches.

Students must return or pay for all equipment before they can compete or participate in another sport. In unusual circumstances when a significant amount of money is owed, arrangements for repayment may be made with the coach and the administrator in charge of athletics.

An athlete will not steal, damage, deface, or possess without permission a teammate's property, school property, or another school's property. Teams and/or athletes may be held financially responsible for any/all misuse of athletic facilities.

## **TRAINING RULES**

The coaches support healthy behaviors by all athletes at all times. Athletes will be held responsible for all training rules while on school grounds, while going to or coming from school, or at a school-sponsored activity. During the officially recognized CIF "season of sport" as defined by CIF Bylaw 511, Section B, athletes will also be held accountable for any off campus violation of training rules.

The use of drugs, alcohol, steroids or performance-enhancing substances, or tobacco is not acceptable and will not be tolerated for high school athletes.

Any student who unlawfully possesses, uses, sells or otherwise furnishes or is under the influence of any controlled substance, an alcoholic beverage, or an intoxicant of any kind shall be ineligible for a minimum of thirteen (13) weeks from the date of the infraction, excluding vacation periods.

Any student who unlawfully possesses, uses, sells, or otherwise furnishes any androgenic/anabolic steroid, synephrine, or any performance-enhancing dietary supplement, or any performance-enhancing supplement without FDA approval (inclusive of the NCAA list) without a written prescription from a licensed health care practitioner to treat a medical condition shall be ineligible for a minimum of thirteen (13) weeks from the date of the infraction, excluding vacation periods.

Any student who unlawfully possesses, uses, sells, or otherwise furnishes tobacco shall be ineligible for a minimum of three (3) weeks from the date of the infraction, excluding vacation periods.

With the coach's permission, the student may continue to practice with a team but may not wear a school uniform or otherwise represent a team at any interscholastic contest or scrimmage against another school.

A second offense involving drugs, alcohol, steroids or performance-enhancing substances (inclusive of the NCAA list), or tobacco will cause the student to be ineligible for one calendar year from the date of the infraction and may include a recommendation to expel. The student may not continue practice or participate with a team during the period of ineligibility.

## **LEAVING A TEAM**

Students may leave a team without penalty until the submission of the final roster by personally notifying the coach that they no longer wish to participate. After a "try-out" period, students may leave a team only under the following conditions:

1. It is the student's responsibility to notify the coach that he/she no longer wishes to participate. The coach may request that the student discuss the reason(s) for leaving the team. If the coach and student mutually agree that the student can leave the team, the student may leave the team without penalty. All equipment must be turned in at the time a student leaves a team.
2. If a student leaves a team and plans to participate in a sport that begins practice prior to the completion of the sport, he/she may do so only if the coach of the previous sport agrees. If the previous coach does not agree, the student may not begin practice until the season (including play-offs, if applicable) has ended.

The intent of these rules is to encourage students to be responsible in their actions and to communicate in an adult manner when they plan to end a commitment to a sport or when they disagree with a coach.

## **CONDUCT AND BEHAVIOR**

As athletes, you are representing your team, school, community, parents, and most importantly – yourself. It is important to remember to behave respectfully and appropriately. Athletes will show respect for all coaches, teachers, officials, spectators, school facilities, equipment and opponents at all times.

## **APPEARANCE & LANGUAGE**

VCA athletes are expected to dress neatly and keep well groomed. When traveling to other schools or activities, keep in mind you are a representative of VCA. You are expected to use proper language on/off the playing field.

## **VALUABLES ON TRIPS**

Our advice is for athletes to not take valuables on road trips. Athletes are responsible for any and all belongings that they take on a trip.

## **TRIPS**

VCA athletes shall abide by all VCA rules, regulations, and policies while on an athletic trips. At any point that any VCA rule, regulation, or policy is violated in any manner by a VCA athlete on a trip, the VCA coach, staff, or administration shall refer to the VCA High School Handbook for the recommendations of the violation.

VCA athletes shall receive a list of items to bring on each trip they attend, a total cost of the trip, a location of where the team is staying, who will be driving, and the emergency contacts parents can reach in case of an emergency.

VCA athletes shall represent VCA in an honorable manner while representing VCA off campus.

## **ATHLETIC FORMS PACKET**

VCA athletes are responsible for completing the VCA athletic forms packet and submitting it to the VCA office before the first official practice in the first sport they play each year.

Athletic forms packets are valid for one school year only, and athletes will need to complete a new packet each year.

As part of the required athletic forms, athletes are required to get a physical each year by a doctor. Students must be cleared by a medical doctor to participate before the first official practice in their first sport of the year.

The Student and the Adult understand the nature of the Team, including the inherent or potential risks of team activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.

Students who don't complete the athletic forms packet or have their physical completed by the start of practices will be required to attend practices, but will not be able to take the court or field and participate until both have been completed and submitted to the VCA office.

## **INSURANCE**

The California Education Code states that all students in California who participate in interscholastic athletics must have a minimum amount of major medical insurance. The school does not provide this coverage. Each player must have some type of accident insurance coverage before he will be allowed to participate in practices or games. This is to protect both the family and the school.

If a family does not have the necessary coverage, it may purchase a policy from an independent insurance company. Families and athletes will need to complete the insurance information section on the VCA athletic forms.

Students shall carry their insurance cards with them to all sporting events in case of an emergency.

## **GENERAL ELIGIBILITY REQUIREMENTS**

No student whose nineteenth (19th) birthday is attained prior to June 14 shall participate or practice on any team in the following school year. A student whose nineteenth birthday is on June 14 or before is ineligible (CIF Bylaw 201).

Upon entering the 9th grade, a student has (not to exceed) eight consecutive semesters of athletic eligibility to compete in high school athletics in the state of California. Enrollment and/or attendance for fifteen (15) days or more shall count as one of the eight (8) semesters or terms.

The California Interscholastic Federation also requires that "any athletic contest in which an ineligible student has participated either intentionally or unintentionally, involving both team and individual sports, must be forfeited." The student may also be subject to dismissal from the team.

## **RESIDENTIAL ELIGIBILITY**

A student has residential eligibility upon initial enrollment in the ninth grade of any CIF high school. A student retains residential eligibility if continuously enrolled in CIF member high school of initial enrollment, transfers prior to the first day of the sophomore year or changes schools with a valid change of residence as defined in the CIF Bylaw. Any ninth grade student who is transferring for a second time, or any tenth, eleventh, or twelfth grade student who transfers without a valid change of residence, will have limited eligibility for one year from the date of transfer. Any residence of undue influence (recruiting), academic ineligibility at a previous school or disciplinary reasons for a transfer will impact eligibility at the new school.

The only exceptions to this rule will require documentation of a hardship which is defined as an “unforeseeable, unavoidable and uncorrectable act, condition or event which causes the imposition of a severe and non-athletic burden upon the student/family.” The section and state will review the documentation for a waiver of this rule.

A transfer student interested in playing at VCA should contact the office or Coach Gunter, athletic director, to determine his/her eligibility status and to complete any necessary forms. No athlete shall participate in competition until all forms have cleared.

## **SCHOLASTIC ELIGIBILITY**

Each student involved in playing high school sports at VCA must maintain a minimum GPA of 2.0 during each grading period.

If a student does not maintain a GPA of 2.0, they will be put on athletic academic probation. Academic probation allows a student one grading period, a quarter, to participate in VCA athletics while bringing their GPA up. If at the end of the next grading period a student hasn't brought their GPA to a 2.0 they will be ineligible to participate in athletics until it is.

## **OUTSIDE COMPETITION**

A VCA athlete may become ineligible if they participate in any outside competition, in the same sport, during their high school season of sport.

## **GENERAL ATHLETIC INFORMATION**

### **TRANSPORTATION**

Students may be transferred to athletic activities by VCA van and private vehicles driven by VCA employees or by parents or guardians of students enrolled at VCA.

Student athletes will be release from class at the designated time. Students are not required to check out at the VCA office when being released from school for an athletic event.

It is the responsibility for any parent or guardian transporting players to and from games to carry vehicle insurance at all times.

### **DIRECTIONS TO AWAY GAMES**

Each game schedule will name the location of the school or park where the game will be played. You may email the VCA office to verify location of games prior to game day if needed.

## **ATHLETIC FEES**

VCA charges an athletic fee in order for students to participate. These fees are due at the beginning of the sport, and are non-refundable once practice for that sport has begun. If the sports fee can't be paid before the start of season, payment arrangements will need to be made with the VCA office. A list of cost per sport is provided below:

Football	\$250
Varsity Basketball (Boys & Girls)	\$175
JV Basketball (Boys & Girls)	\$175
Varsity Volleyball	\$175
JV Volleyball	\$175
Softball	\$175
Golf	\$175
Varsity Baseball	\$175
JV Baseball	\$175

These fees are what VCA charges for participation in a sport. These fees don't include any fees that may come up throughout the season of each team, such as fundraising, team apparel purchases, and uniforms.

All fees are subject to change, and parents will be notified if they are before the season has started.

## **ATHLETIC AFFILIATIONS**

VCA is a member school of CIF Sac-Joaquin section. For all high school sports are league is the Sacramento Metropolitan Athletic Association (SMAL.).

## **VCA PARENT EXPECTATIONS**

1. Promote that academics should always come first.
2. Help student structure their time so that athletics don't interfere with academics.
3. Encourage participation by both boys/and girls.
4. Be supportive of your athlete: see that their medical needs are met, that they have proper equipment, and attend as many of their contests as possible.
5. Instill the importance of the complete athlete, both mental and physical preparation.
6. Emphasize perseverance as a better solution of solving problems, than quitting.
7. Be supportive of the coaching staff.
8. Attend all meetings requested by coaches.
9. Support the coaches' preparation plan.
10. Make arrangements to speak privately with a coach regarding a perceived problem.
11. Take practice and game schedules into consideration when planning family events.
12. Understand the needs of the particular sport. Some take more time, more equipment and some may call for year round preparations.
13. Model positive behavior towards everyone involved in a VCA or other school event.



## **COLLEGE ATHLETIC PLANNING**

All students wanting to play college sports need to see the VCA office to get all information and specific high school graduation requirements to meet NCAA or NAIA requirements.

As the Parent/Guardian, I understand and agree to all of the obligations placed on me by this Agreement.

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<b>Printed Name of Parent/Guardian</b>	<b>Signature</b>	<b>Date</b>
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As the Student, I understand and agree to all of obligations placed on me by this Agreement.

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<b>Printed Name of Student</b>	<b>Signature</b>	<b>Date</b>
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**RETURN THIS FORM TO THE VCA OFFICE.**

**Updated: 5/9/2022**



**Welcome to Valley Christian Academy high school athletics. All students wanting to play high school athletics will need to read, fill out, and sign the following forms before the first day of practice of the sport they are intending to play annually. These forms are good for one academic school year, and will need to be completed each year.**

- 1) Agreement for team participation**
- 2) Agreement regarding use of steroids**
- 3) Athletic evaluation form – requires getting a sports physical and having your Doctor fill out the form.**
- 4) Pre-participation screening**
- 5) Emergency information card**
- 6) Concussion Forms**

**Students will be unable to participate in VCA athletics until these forms are completed and returned to the VCA office.**

**If a high school student is transferring from another high school anytime after they have started their 9<sup>th</sup> grade year, they will need to see the VCA office for CIF transfer paperwork that will need to be completed and returned. This paperwork will then be submitted to the CIF office. Once a student has been cleared by CIF to play for VCA, our Athletic Director will inform that student that they are eligible to play.**

# VALLEY CHRISTIAN ACADEMY

## AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

**All sections of this Agreement must be completed, with the signed original turned in to the School Office, before a Student will be allowed to participate in any manner in any Team Activities defined below.**

**Name of Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Team(S):** \_\_\_\_\_

In Consideration for the Student's ability to participate in the Team [including any Sport or Cheerleading], including try outs for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team events, shows, performances, and competitions, and traveling to and from any of the foregoing activities ("Team Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of VCA and its employees.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of team activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.

3. The California Education Code states that all students in California who participate in interscholastic athletics must have a minimum amount of major medical insurance. The school does not provide this coverage. Each player must have some type of accident insurance coverage before he will be allowed to participate in practices or games. This is to protect both the family and the school.

If a family does not have the necessary coverage, it may purchase a policy from an independent insurance company.

Private medical insurance information: Please provide the name of the insurance company \_\_\_\_\_ and the policy number \_\_\_\_\_ list coverage dates or "continuous"). By signing below, the Adult certifies that the Student is presently covered, and will remain covered during the length of the Team Season, under the Policy and that the Policy complies with Section 32221.

4. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and VCA. Failure to meet these obligations may, in the discretion of the VCA, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during a Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold Valley Christian Academy harmless from such property damage or bodily injury claims.

5. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries") Injuries might arise from

the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by VCA employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential Injuries, whether or not caused by the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against VCA, or any Board Member, employee, agent or volunteer of VCA ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member.

6. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

7. Emergency medical information regarding the Student is on file with VCA and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, VCA employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

8. Employees, agents or volunteers of VCA, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

**BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

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**Printed Name of Parent/Guardian**

**Signature**

**Date**

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

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**Printed Name of Student**

**Signature**

**Date**

**RETURN THIS FORM TO THE VCA OFFICE.**

# VALLEY CHRISTIAN ACADEMY

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

\_\_\_\_\_ (print name of student athlete)

As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Governing Board of Valley Christian Academy has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. 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 or any dietary supplement on the U.S. Anti-Doping Agency banned substance list without a written prescription from a licensed health care practitioner 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 or suspension or expulsion from school.

\_\_\_\_\_  
Signature of student athlete

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Athletic Physical Evaluation Form  
VALLEY CHRISTIAN ACADEMY**

**STUDENTS NAME:** \_\_\_\_\_

**DATE OF EXAM:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**This physical examination form must be reviewed and signed by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) licensed by the State of California (does not include doctors of chiropractic, nurse practitioners, physician assistants).**

**Date of Birth** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **% Body Fat (Optional)** \_\_\_\_\_ **Pulse** \_\_\_\_\_ **BP** \_\_\_\_/\_\_\_\_(\_\_\_\_/\_\_\_\_,\_\_\_\_/\_\_\_\_)

**Vision R20/** \_\_\_\_ **L20/** \_\_\_\_ **Corrected: Y or N** \_\_\_\_\_ **Pupils: Equal** \_\_\_\_ **Unequal** \_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulse			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\* Having a third party present is recommended for the genitourinary examination.

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER FOR THE STUDENT TO PARTICIPATE IN AN ATHLETIC ACTIVITY.**

I hereby certify \_\_\_\_\_ was examined by \_\_\_\_\_  
 \_\_\_\_\_ on \_\_\_\_\_ and is presently fit to engage  
 in all sports except \_\_\_\_\_.

Attachment(s) Yes ☐ No ☐

Name of Doctor (print/type) \_\_\_\_\_

Medical Group name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

Signature of Doctor \_\_\_\_\_

## PREPARTICIPATION PHYSICAL SCREENING - MEDICAL HISTORY

THE INFORMATION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN PRIOR TO DOCTOR'S SIGNATURE

**This medical history and exam is only intended to determine ability to participate in sports and is not a substitute for regular exams by your physician.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex: F M DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Address Phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 Grade \_\_\_\_\_  
 Sports You Intend Play: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_  
 Schools Attended (other than VCA) in last 12 months \_\_\_\_\_

**I Hereby state that, to the best of my knowledge, my answers to the questions BELOW are complete and correct.**

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

Date \_\_\_\_\_

### Explain "Yes" answers below

- |  | Yes/No |
|--|--------|
| 1. Has a Doctor Ever denied or restricted you participation in sports for any reason?  | _____  |
| 2. Do you have any ongoing medical condition (like diabetes or asthma)?  | _____  |
| 3. Are you currently taking any prescriptions or nonprescription (over-the counter) medicines?   | _____  |
| 4. Do you have allergies to medicines, pollens, foods, or insect stings?   | _____  |
| 5. Have you ever passed out or nearly passed out during exercise?  | _____  |
| 6. Have you ever passed out or nearly passed out after exercise?   | _____  |
| 7. Have you ever had discomfort, pain, or pressure in your chest after exercise?   | _____  |
| 8. Does your heart race or skip beats during exercise?   | _____  |
| 9. Does your heart race or skip beats after exercise?  | _____  |
| 10. Has a doctor ever told you that you have? Check all that Apply   | _____  |
| High blood pressure  | _____  |
| High cholesterol   | _____  |
| A heart murmur   | _____  |
| A heart infection  | _____  |
| 11. Has a doctor ever ordered a test for your heart? (For ex: ECG, echocardiogram)   | _____  |
| 12. Has anyone in your family died for no apparent reason?   | _____  |
| 13. Has any family member or relative died of heart problems Or of sudden death before age 50?   | _____  |
| 14. Does anyone in your family have Marfan syndrome?   | _____  |
| 15. Have you ever spent the night in a hospital?   | _____  |
| 16. Have you ever had surgery?   | _____  |
| 17. Have you ever had a stress fracture?   | _____  |
| 18. Have you ever been told that you have or have you had an x-ray for atlantoaxial (neck) instability?  | _____  |
| 19. Do you regularly use a brace or assistive device?  | _____  |
| 20. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss practice or game? If yes circle affected area below.                           | _____  |
| 21. Have you had any broken or fractured bones or dislocated joints? If yes circle affected area below.  | _____  |
| 22. 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 affected area below. | _____  |

- |  | Yes/No |
|--|--------|
| 23. Has a doctor ever told you that you have asthma or allergies?  | _____  |
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | _____  |
| 25. Is there anyone in your family who has asthma?   | _____  |
| 26. Have you ever used an inhaler or taken asthma medicine?  | _____  |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | _____  |
| 28. Have you had infectious mononucleosis (mono) within the last month?                                    | _____  |
| 29. Do you have any rashes, pressure sores, or other skin problems?  | _____  |
| 30. Have you had a herpes infection?   | _____  |
| 31. Have you ever had a head injury or concussion?   | _____  |
| 32. Have you been hit in the head and been confused or lost your memory?                                   | _____  |
| 33. Have you ever had a seizure?   | _____  |
| 34. Do you have headaches with exercise?   | _____  |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | _____  |
| 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | _____  |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | _____  |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | _____  |
| 39. Have you had any problems with your eyes or vision?  | _____  |
| 40. Do you wear glasses or contact lenses?   | _____  |
| 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | _____  |
| 42. Are you happy with your weight?  | _____  |
| 43. Are you trying to gain or lose weight?   | _____  |
| 44. Has anyone recommended you change your weight or eating habits?  | _____  |
| 45. Do you limit or carefully control what you eat?  | _____  |
| 46. Do you have concerns that you would like to discuss with a doctor?                                     | _____  |

Explain "Yes" answers \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Head, Neck, Shoulder, Upper Arm, Elbow, Forearm, Hand/Finger, Chest, Upper Back, Lower Back, Hip/Thigh, Knee, Calf/Shin, Ankle Foot/Toes**

**RETURN THIS FORM TO THE VALLEY CHRISTIAN ACADEMY OFFICE**

**301 W. WHYTE Ave.  
 Roseville, CA 95678  
 PHONE: 916/728-5500  
 FAX: 916/721-3305**



**Valley Christian Academy**  
**Athlete Emergency Information Card**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M F  
(Last Name) (First Name) (Middle Initial)

Student's Address \_\_\_\_\_  
(address) (city) (state) (zip code)

Student's Home phone: \_\_\_\_\_ Student's Cell : \_\_\_\_\_

Lives with: \_\_\_\_\_ School year: \_\_\_\_\_ Grade: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ (Hm phone) \_\_\_\_\_

(Cell phone) \_\_\_\_\_ (Wrk) \_\_\_\_\_

Father/Guardian Email: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ (Hm phone) \_\_\_\_\_

(Cell phone) \_\_\_\_\_ (Wrk) \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_

Address (if different) \_\_\_\_\_  
(address) (city) (state) (zip)

Family Physician: \_\_\_\_\_  
(name) (street, city) (telephone)

Family Dentist: \_\_\_\_\_  
(name) (street, city) (telephone)

**KNOWN ALLERGIES:** \_\_\_\_\_

**PARENT/GUARDIAN'S PERMISSION:** I hereby give my consent for my student to participate in Valley Christian Academy, approved activities as a representative of his/her school. I also give permission for my student to accompany a VCA team or group on its off-campus trips. I also understand accident coverage is my responsibility.

Insurance coverage company name: \_\_\_\_\_

Policy holder name: \_\_\_\_\_ Policy number: \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT OF INJURIES:** I, \_\_\_\_\_

Parent/guardian of student named above, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, , qualified nurse, and/or hospital in the event of injury or illness during all periods of time in which the student is away from his/her normal residence as a member of a **VCA team or group**, and hereby waive on my behalf of myself and the above named child, any liability **VALLEY CHRISTIAN ACADEMY**, any of its agents or employees arising out of such medical treatment.

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

**Alternate Contact Person** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Alternate Contact Person** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Alternate Contact Person** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Alternate Contact Person** \_\_\_\_\_ **Phone:** \_\_\_\_\_

# CONCUSSION INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIAN

## ACKNOWLEDGMENT FORM

*The CIF Concussion Information Sheet is recommended for schools to use to comply with CIF Bylaw 503.H. – Concussion Protocol and California State Law AB 25 (Education Code § 49475).*

Recent changes to California law (A.B. 2127) also require that the schools take additional measures to reduce risks and minimize injuries for concussed athletes.

A concussion is a brain injury and all brain injuries are serious. They may be 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/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>
<ol style="list-style-type: none"><li>1. Headache.</li><li>2. Nausea/vomiting.</li><li>3. Balance problems or dizziness.</li><li>4. Double vision or changes in vision.</li><li>5. Sensitivity to light or sound/noise.</li><li>6. Feeling of sluggishness or foggy.</li><li>7. Difficulty with concentration, short-term memory, and/or confusion.</li><li>8. Irritability or agitation.</li><li>9. Depression or anxiety.</li><li>10. Sleep disturbance.</li><li>11. Just not “feeling right” or “feeling down”</li></ol>



<b>Signs observed by teammates, parents and coaches include:</b>
<ol style="list-style-type: none"><li>1. Appears dazed, stunned, or disoriented.</li><li>2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent).</li><li>3. Exhibits difficulties with balance or coordination.</li><li>4. Answers questions slowly or inaccurately.</li><li>5. Loses consciousness.</li><li>6. Demonstrates behavior or personality changes</li><li>7. Is unable to recall events prior to or after the hit.</li></ol>



## **CONCUSSION DANGER SIGNS**

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

### **WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?**

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

#### **REMEMBER:**

*Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.*

### **WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?**

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider (licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training) says s/he is symptom-free and it's OK to return to play.

Rest is key in helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

## **STUDENT-ATHLETE & PARENT/LEGAL GUARDIAN CONCUSSION STATEMENT**

Student-Athlete Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen". Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	
	I will/my child will need written permission from a health care provider to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussions can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion information Sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date