



Athletic Program Enrollment Form

Directions: All students must have a completed copy of this form on file at their school site prior to participating in any school sponsored athletic activity. This requirement includes all student managers, assistants and scorekeepers/statisticians. No student may practice or engage in any school sponsored athletic activity until this form is returned to your school site. All sections of the form must be completed. In some cases information will be requested more than once on the form as part of this form is given to each coach during the season.

STUDENT EMERGENCY INFORMATION FOR COACHES

(This information will be given to each coach to be available during all practices and games.)

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Student's Email Address: _____ Parent's Email Address: _____

Father/Guardian: _____ Home Phone: _____ Other Phone: _____

Mother/Guardian: _____ Home Phone: _____ Other Phone: _____

Student's Physician: _____ Physician's Phone Number: _____

Health Insurance Co. _____ Group Policy # _____ Hospital: _____

Known Allergies (Drug, Food, Insects, Etc.) _____

Special Medical Issues _____

Regular Medications (Inhalers, Insulin, EpiPen, Etc.) _____

In case this student becomes ill or is injured and a parent/guardian is not available, one of the following relatives, friends or neighbors may be called for assistance and may authorize medical care for my student.

1. Name: _____ Relationship _____ Phone: _____

2. Name: _____ Relationship _____ Phone: _____

In case this student becomes ill or is injured and a parent/guardian or other above named individual is not available, I authorize the District to provide emergency medical assistance in the best interest of my student. **YES** **NO**

Parent Signature: _____

Date: _____



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STUDENT PARTICIPANT DEMOGRAPHICS, CERTIFICATIONS AND ACKNOWLEDGEMENTS

Last Name: _____ First Name: _____ Grade: _____

Sex: Male Female Student Number: _____ Counselor: _____ School: MV LA AV

Student's Email Address: _____ Parent's Email Address: _____

Fall Sport: _____ Winter Sport: _____ Spring Sport: _____

REQUIRED CERTIFICATIONS

I. Physical Examination: Certification by a physician that the student is able to participate without restriction in the sports named above is required each year. The physician's signature below certifies that the student named above is able to fully participate in sports.

Print Physician's Name: _____ Physician's Phone Number: _____

Physician's Signature: _____ Examination Date: _____

II. Insurance Requirement: State law requires students to be insured before participation in interscholastic sports. The school district does not insure any athlete against accident or injury arising from athletic competition. However, the school district does offer opportunities to purchase insurance to those who do not have their own. If you wish to purchase insurance through a district designated vendor or desire more information about other health insurance options, please contact the Athletic Director at your school.

I would like to enroll my student in insurance through the district. Please send me the information to do so.

I certify that the student named above has family health insurance from other sources. (Please complete the information below.)

Insurance Company: _____ Group/Policy Number: _____

Name of Insured: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____



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V. Eligibility Rules: The following outlines district and league policies which establish eligibility to participate on an athletic team in the Mountain View-Los Altos Union High School District. Please read, complete and initial each eligibility criteria to certify that your student is eligible to participate.

<ul style="list-style-type: none"> • Academic Eligibility – My student has a minimum 2.00 GPA from the previous grading period (semester or quarter); passed 20 credits during that grading period; is enrolled in at least 25 credits for this current grading period; is successfully progressing toward completion of the graduation requirements. 	Parent Initial _____
<ul style="list-style-type: none"> • Age Eligibility – My student will not turn 19 years of age prior to June 15th of the upcoming school year. My student’s date of birth is _____/_____/_____ <p style="text-align: center; margin-left: 100px;"><small>Month Day Year</small></p>	Parent Initial _____
<ul style="list-style-type: none"> • Previous School – My student entered his current school from _____ <p>on _____/_____/_____ <small>(Name of Previous School)</small></p> <p style="text-align: center; margin-left: 100px;"><small>Month Day Year</small></p>	Parent Initial _____
<ul style="list-style-type: none"> • 9th Grade Enrollment – Students are eligible for 8 consecutive semesters of participation from their initial enrollment in the 9th grade. My student was or will be enrolled into the 9th grade on _____/_____ <p style="text-align: center; margin-left: 100px;"><small>Month Year</small></p>	Parent Initial _____
<ul style="list-style-type: none"> • Football Age Rule – I certify that my student will turn 15 years of age on _____/_____/_____ <p style="text-align: center; margin-left: 100px;"><small>Month Day Year</small></p> <p><i>I understand that he/she will not be eligible for varsity football until his/her 15th birthday.</i></p>	Parent Initial _____

AKNOWLEDGEMENTS

III. Notice of Risk of Injury: Some forms of athletic competition involve rigorous physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and other exposures to risk of injury. Athletes will be instructed in proper techniques to be used in practice and competition, and the proper use of equipment and facilities. However, you are advised that instruction, precaution, and proper protective equipment may not prevent some accidents resulting in serious traumatic injury. Your signature below indicates that you have read this notice.

IV. Co-curricular Drug and Alcohol: On page 4 of this enrollment form you will find the district’s drug and alcohol policy and the consequences for violating this policy. Your student’s initials here and your signature below indicates that you and your student have read this policy and will accept the consequences of its violation.

Student Initial

Permission

I certify that all of the information provided in this enrollment form is true and accurate to the best of my knowledge. I further certify that I have read and fully understand the risk of injury and the district’s drug and alcohol policy. I hereby give my consent for the student named above to participate in the school’s athletic program.

Parent/Guardian Name: _____ Signature: _____ Date: _____



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CO-CURRICULAR DRUG AND ALCOHOL POLICY

PHILOSOPHY - One of the major responsibilities of Mountain View-Los Altos Union High School District is to protect the health and safety of students in its charge. The position of the district is that the use and abuse of controlled substances, commonly called drugs and alcohol, are not only against the law, but harmful to the individual, fellow students, the school community and eventually to society. The district subscribes to and supports the state and national program for drug-free schools. It is the district's intent to keep its schools free of the use and abuse of drugs and alcohol and from the harmful effects that such substances have on the lives of students. In those instances when use and abuse do occur, the schools will take the prescribed disciplinary action. Concurrently, assistance will be offered to the student and parents through the intervention program.

DEFINITIONS - Co-curricular activities include, but may not be limited to interscholastic athletics, rally committee, elected positions (ASB, class officers, etc) and other activities in which students are representing the school as an organized group. Students in these activities are representatives of the school and school district and are role models for other students. They are expected to lead and be examples.

At school and school activities is defined as while going to and from school, while on campus, during brunch or lunch whether on or off campus, during school activities on or off campus, and while going to or coming from these activities.

PURPOSES - The purposes of the Co-curricular Drug and Alcohol Policy are to provide participants with a healthy, safe environment; to assist them in obeying the law; to encourage them to take responsible, effective control of their lives; and to take steps to promote, enhance and maintain a drug-free co-curricular program.

THE POLICY - Students participating in co-curricular activities shall not use possess, or be under the influence of drugs and alcohol.

Prior to participating in a co-curricular activity, students shall sign an agreement to be drug and alcohol free. The parents or guardians will also sign indicating that both the student and the parent read and understood the policy, and that they accept the consequences if it is violated.

The school will be responsible for the application and enforcement of this policy while the student is at school and school activities and at other times when school authorities are informed of and can substantiate violations. In each case, an appropriate follow-up shall be made

Parents or guardians are expected to assist their student with adherence to the policy.

DISCIPLINARY ACTION - Participants in co-curricular activities who violate the drug and alcohol policy will be subject to co-curricular disciplinary action in addition to such action delineated by existing district policies.

1. First Offense - The student will be suspended from the team or activity for one contest or one week. The student and the parent(s) will meet with the coach, or director and the Assistant Principal/Attendance and Discipline, if necessary, to determine the conditions of reinstatement. Enrollment and participation in an approved intervention-counseling or education program may be accepted as an alternative to suspension. In this case, a time schedule for attendance and completion will be agreed upon. Responsibility for submitting verification of participation rests with the student. Failure to come will result in reinstatement of the suspension, for at least twice the original time.

2. Second Offense - Any second offense will result in suspension from the team for the remainder of the season for athletics or the semester for those in other activities.

A student who is suspended for a season or semester under this policy may not participate again in co-curricular activities until she/he completes a substance abuse program as described under #1.

Any subsequent offense will require a conference including the student, the parent, the advisor/coach and a school administrator to establish a program of appropriate action.

3. Self-referral - Students who voluntarily self-refer to the school's intervention program will not be suspended from participation in their activity unless otherwise determined by the conference required in #1. They may be required to enroll in an intervention-counseling or education program as described in #1.

4. Verification of Violation - Rumors cannot be a basis for restricting student participation unless they are discussed with the student and substantiated by the coach and /or advisors, and administration.

Furthermore, you and your student understand that the league and California Interscholastic Federation have policies regarding the use of steroids. The student shall not use androgenic/anabolic steroids without the written permission of a fully licensed physician (as recognized by the AMA) to treat a medical condition. Under CIF Bylaws, there could be penalties for false or fraudulent information.