

# Instructions for Athletic Participation Forms

Every student participating in sports MUST complete an athletic participation packet, which includes:

1. Physical Examination/Proof of Insurance form – be sure doctor has signed and dated the form.  
**MAKE A COPY OF THIS FORM** for your records. It is the parent’s and student’s responsibility to know when the forms expire and to have a current physical on file in the office.
2. Concussion Management
3. Co-Curricular Code and Contract
4. Voluntary Sports Informed Consent and Liability Release
5. Signs of Sudden Cardiac Arrest
6. Athletic Department Parent/Player Contract

The physical exam and additional forms are valid for 12 months from date of exam.

## ➔ **ADDITIONAL REQUIREMENT: Attach copy of insurance card** ←

Students are required by Ed Code section 32220-24 and CIF to have insurance coverage.

- ✓ Students are not eligible to practice or participate in any sport or activity until a completed packet is received by the Athletic Office.
- ✓ Incomplete athletic participation packet will not be accepted and will be returned to the student for completion. Review all forms – front and back – for completion and signatures.
- ✓ Athletic Office will not send or receive faxed forms.

Submit all forms to NPBS Athletic Office ONLY

## CONEJO VALLEY UNIFIED SCHOOL DISTRICT

### Annual Athletic/Co-Curricular Transportation

In order to preserve safety and team camaraderie, CVUSD students are required to travel on busses, vans, or other transportation provided by the District to designated school sponsored activities, practices, and/or games/events. Your continued support in this effort is very much appreciated. In order to continue to deliver this valuable service to all participating students, we ask that you contribute in the following manner.

#### Transportation Cost Structure\*

First Sport/Activity - \$124	Second Sport/Activity - \$71	Third Sport/Activity - \$55
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Single Student Maximum Contribution – \$250	Family Maximum Contribution – \$500
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*\*No student will be excluded from participation due to a lack of sufficient funds.*



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT**  
**1400 E. Janss Road**  
**Thousand Oaks, CA 91362**

**ATHLETIC CLEARANCE (Insurance Requirement/Parent Authorization/Physician Certification)**

Student – Last Name	First Name	M.I.	Grade	Date of Birth	Gender
Street Address:		City:	State:		Zip:
Parent(s) or Guardian(s) Name:			Home Phone:		
Street Address (if different than student):		City:	State:		Zip:
Emergency Phone:	Father's Work Phone:		Mother's Work Phone:		
Father's e-mail address:		Mother's e-mail address:			
Family Physician's Name, Address, Telephone:					
School Attended Last Fall:	School Attended Last Spring:		Student Number:		

**\*\*\*PLEASE PUT A CHECK MARK NEXT TO THE ACTIVITIES/SPORTS THIS AUTHORIZATION COVERS**

- ( ) Baseball ( ) Basketball ( ) Cheerleading ( ) Cross Country ( ) Dance ( ) Football  
 ( ) Golf ( ) Lacrosse ( ) Marching Band ( ) Soccer ( ) Softball ( ) Swimming  
 ( ) Tennis ( ) Track ( ) Volleyball ( ) Water Polo ( ) Wrestling

**INSURANCE REQUIREMENT:**

The Conejo Valley Unified School District, in accord with Education Code 32221, requires protection for medical and hospital expenses resulting from bodily injury for each member of an athletic team. The cost is to be paid by each participant. Minimum coverage requirement options as contained in the Education Code are shown below:

- (a) A group or individual plan with accidental benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and not less than 80% payable for each occurrence. (Note: retired military covers only 75 %.)
- (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1500.
- (c) At least \$1500 for all such medical and hospital expenses.

Student insurance designed to assist compliance with the Education Code requirements is available; forms are in the school office. If you have applied for student insurance, please indicate so below. If the student has other health or accident insurance which meets the minimum requirements above, please list the company name and policy number below.

Insurance Company Name and Address:	
Insured's Name:	Policy and/or Group Number:

PLEASE NOTE: MANY INSURANCE POLICIES EXCLUDE TACKLE FOOTBALL. PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.

I hereby grant permission for the above named student to play in the activity/interscholastic sports programs of \_\_\_\_\_ High School, and to go with a representative of the school on any related trips, and release school officials from any liability connected therewith. In case this student is injured, school officials are AUTHORIZED to grant permission for emergency treatment in my absence under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis. Further, I agree to accept financial responsibility for such treatment rendered in my absence.

I hereby certify that the above-named student is covered by insurance that meets the minimum requirement of California law as outlined above. I agree to notify the school if any of the above coverage should change.

( ) Yes ( ) No I hereby grant permission for my son/daughter's telephone number and address to be released to the official Boosters Club for any activity/sport in which he/she participates.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

**PHYSICIAN'S CLEARANCE**

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

_____ Physician's Name (Stamp or Print)	_____ Physician's Signature and Date of Physical
_____ Physician's Address (Stamp or Print)	_____ Physician's Telephone Number

**NOTE: History and Consent Must be Completed Prior to Physical Examination**

Please return all copies of this form to the Athletic Department

STUDENT NAME: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

GENDER: ( ) Male ( ) Female BIRTHDATE: \_\_\_\_\_

**HEALTH HISTORY – TO BE COMPLETED BY PARENT/GUARDIAN**

This section is to be carefully completed by the student and his/her parent(s) or legal guardians(s) before participation in activities/interscholastic sports in order to help detect possible risks.

**MARK ONLY THOSE WHICH APPLY!** Include date for conditions that are not current. Explain "Yes" answers below.

Allergy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	False Teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mononucleosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Glasses/Contacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rheumatic fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sinus problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy/Seizure Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Menstrual Cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Whooping Cough (Pertussis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migraine Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain "Yes" here: \_\_\_\_\_

\_\_\_\_\_

**List all surgeries, fractures, sprains, or dislocations below:**

Nature of problem	Year	Nature of problem	Year

Reasons and dates for any prolonged absence(s) from school: \_\_\_\_\_

Substance(s) to which student is allergic: \_\_\_\_\_

Dates of most recent: Tetanus Booster \_\_\_\_\_ Chest x-ray \_\_\_\_\_ Smallpox vaccination \_\_\_\_\_

Whooping Cough (Pertussis) vaccination \_\_\_\_\_

**PHYSICAL EXAMINATION SUMMARY – TO BE COMPLETED BY PHYSICIAN**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

**Note any abnormalities:**

Eyes (sclera, corneas): \_\_\_\_\_

Ears (canals, TMs): \_\_\_\_\_

Nose (septum, mucosa): \_\_\_\_\_

Throat (tonsils, teeth): \_\_\_\_\_

Cardiovascular (pulses, murmurs): \_\_\_\_\_

Respiratory: \_\_\_\_\_

Abdomen (organs, masses): \_\_\_\_\_

Genitalia (testes, hernia): \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Neurological: \_\_\_\_\_

Strength and Coordination: \_\_\_\_\_





## Conejo Valley Unified School District

INSTRUCTIONAL SERVICES DIVISION  
1400 East Janss Road, Thousand Oaks, California 91362-2198  
Telephone (805) 497-9511 • FAX (805) 379-5756

### CONEJO VALLEY UNIFIED SCHOOL DISTRICT CO-CURRICULAR CODE AND CONTRACT

#### PHILOSOPHY

The development of a well-rounded student is a major goal of all educational institutions, and the Conejo Valley Unified School District encourages all students to participate in a varied co-curricular activities program. It is the belief of the District that a strong co-curricular program creates and maintains positive school spirit and fosters student responsibility.

Participation in co-curricular activities is a privilege, not a basic right of all students. The school has the authority to revoke this privilege. Certain rules have been established for all students who become involved in the co-curricular program. The Co-Curricular Code and Contract sets forth these expectations.

#### ELIGIBILITY

Students must have at least a minimum 2.0 grade point average and pass at least four (4) classes in a semester/trimester to participate in co-curricular activities. Grade point average is based upon the previous grading period in all courses, including 8<sup>th</sup> grade for 9<sup>th</sup> grade participation.

#### BEHAVIOR

All participants are expected to display responsible behavior and good citizenship, respect the rights of others and abide by school rules. Any conduct known to have occurred during or after school hours (*whether school is in session or not*) by a participant who brings discredit to himself/herself, the program or the school is not acceptable and may be grounds for removal from all co-curricular activities. The following consequences, in addition to school-wide-discipline expectations of all students, relate directly to co-curricular participation:

1. Suspension from school will result in removal from co-curricular activities, including practice, for the period of suspension and may result in removal from the activities for up to one year beyond the period of suspension.
2. Severe rule violations, such as vandalism, theft, possession of weapons, verbal/electronic bullying and abuse of other students or adults, unprovoked assault, and habitual violations of school rules, subject students to immediate removal from all activities for up to one calendar year from the date of incident.
3. Substance use or possession, including alcohol, steroids or any other intoxicating or mind altering chemical or substance or paraphernalia, at school, prior to or during a school activity will result in immediate removal from that activity and a removal from all co-curricular programs for up to one year from the date of the incident.
4. Unsportsmanlike conduct, which includes inappropriate behavior toward an opponent, official, or supervisor; or use of obscenity during a contest or activity will result in disciplinary action and possible suspension from school and removal from the activity for up to one year from the date of the incident.
5. Possession or use of tobacco in any form at school or during a school activity will result in removal from the activity for up to one year from the date of the incident.
6. Any participant being arrested or cited for any misdemeanor or felony at school or in the community may be removed from the activity for up to one year from the date of the incident.
7. Being a member or affiliate of any "gang" recognized by law enforcement will be grounds for removal from the activity.

#### USE OF STEROIDS

The Governing Board recognizes that the use of steroids and other performance-enhancing supplements presents a serious health and safety hazard. As part of the district's drug prevention and intervention efforts, the Superintendent, or designee, and staff shall make every reasonable effort to prevent students from using steroids or other performance-enhancing supplements

Students participating in interscholastic athletics are prohibited from using steroids and dietary supplements banned by the United States Anti-Doping Agency as well as the substance synephrine. (Education Code 49030)

1. Before participating in interscholastic athletics, a student athlete and his/her parent/guardian shall sign a statement that the student pledges not to use androgenic/anabolic steroids and dietary supplements banned by the United States Anti-Doping Agency and the substance synephrine, unless the student has a written prescription from a licensed health care practitioner to treat a medical condition. (California Interscholastic Federation [CIF] Bylaw 524)

2. A student who is found to have violated the agreement in this policy shall be restricted from participating in athletics for up to one year and shall be subject to disciplinary procedures including, but not limited to, suspension or expulsion in accordance with law, Board policy, and administrative regulation.

Revised 03/08/14

USE OF STEROIDS - Continued

3. Coaches shall educate students at the beginning of each season about the district's prohibition and the dangers of using steroids and other performance-enhancing supplements. (Education Code 49032)
4. The Superintendent or designee shall ensure that district schools do not accept sponsorships or donations from supplement manufactures that offer muscle-building supplements to students. (Education Code 49031)

ATTENDANCE

Participants must attend all classes during the school day of the co-curricular event. Any exceptions must have prior approval from the principal or administrator in charge of the co-curricular activity. Truancy will result in disciplinary action that may include removal from participation in forthcoming events. If attendance problems become habitual, they will serve as cause for a participant's removal from the co-curricular activity.

TRANSPORTATION

Participants must travel to and from contests in transportation provided for, or arranged by, the school. Exceptions require prior arrangement between the participant's parent/guardian and an administrator.

FINANCIAL RESPONSIBILITY

All participants are financially responsible for all equipment checked out to them. Failure to return equipment in reasonable condition may result in an incomplete grade, the withholding of transcripts and registration for the following semester and/or of the privilege to continue in the program until the debt is cleared. Participants understand and accept that they are responsible for District approved transportation and uniform replacement fees. No other fees are required. Participants understand that participation in fund raising activities is voluntary and will not affect their participation or grade.

DROPPING AN ACTIVITY

No participant may drop one activity and become involved in another during the same season without the mutual consent of all parties involved.

CO-CURRICULAR ELIGIBILITY PETITION/APEALS COMMITTEE

If a student is removed from a co-curricular activity, the parent or guardian of the student may request an opportunity to meet with the Co-curricular Eligibility Petition Committee to present any mitigating circumstances. The Petition Committee will be composed of no less than three certificated staff members, including an Administrator designated by the principal. The Committee will make the eligibility recommendation to the principal who will make the final decision. A student is entitled to two appeals in their high school career. A student may use one appeal for academics and one appeal for athletics; however a student may not use two appeals for discipline or two appeals for discipline. Any code of conduct violation that occurs after a student has exhausted their appeals will result in the student being ineligible for all athletics/activities for one calendar year from the date of the latest incident.

**It is the responsibility of the participant and the participant's parent/guardian to read and understand the full content of this Co-Curricular Code, and to provide signatures below showing your agreement to the terms of this code.**

*As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Governing Board of the Conejo Valley Unified School District has amended Board Policy 5131.63 by 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 named above shall not use androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-Doping Agency as well as the substance synephrine, without a written prescription from a licensed health care practitioner to treat a medical condition.*

*We recognize that under CIF Bylaws 200-207 (all inclusive) the student named above 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 will result in discipline against him/her including, but not limited to, restriction from athletics pursuant to this Co-Curricular Code and Contract and/or suspension from school and/or expulsion from school.*

Date

Activity

Parent/Guardian Name (Print)

Participant Name (Print)

Parent/Guardian Signature

Participant Signature



# Conejo Valley Unified School District

1400 E. Janss Road, Thousand Oaks, California 91362-2198  
 Telephone (805) 497-9511 • FAX (805) 497-2581

**Jeffrey L. Baarstad, Ph.D**  
*Superintendent of Schools*

**Linda Bekeny**  
*Assistant Superintendent*

## CONCUSSION MANAGEMENT

Dear Parent and Student Athlete:

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"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>
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### Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>
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**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 athletes 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/>

I have read, understand, and agree to follow the above guidelines regarding concussions:

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# Keep Their Heart in the Game

## Recognize the Warning Signs & Risk Factors Of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or Fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

### What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation  
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation  
<http://www.epsavealife.org>

National Federation of High Schools  
(20-minute training video)  
<https://nfhslearn.com/courses/61032>



# Keep Their Heart in the Game

## A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

### How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

### What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

**FAINTING  
is the  
#1 SYMPTOM  
OF A HEART CONDITION**

### What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



## The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.  
Gasping, gurgling, snorting, moaning or labored breathing noises.  
Seizure-like activity.

### Early Access to 9-1-1



Confirm unresponsiveness.  
Call 9-1-1 and follow emergency dispatcher's instructions.  
Call any on-site Emergency Responders.

### Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

### Early Defibrillation

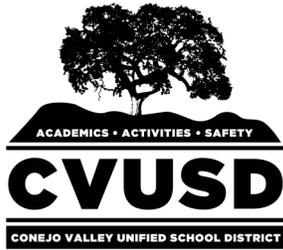


Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

### Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.



**Newbury Park High School**

456 Reino Road  
Newbury Park, CA 91320-3798  
Ph: 805.498.3676 Fx: 805.499.3549

**Joshua Eby**  
Principal

**Jeffrey L. Baarstad, Ph.D.**  
Superintendent



**NPBS Athletics Parent/Player Contract**

Each player wishing to participate in any NPBS athletics program will sign the form below, as will their parent(s). The coaching staff looks forward to a wonderful, successful and positive season. We appreciate in advance your time and commitment to making this a great season. We know you and your player share a desire to win, a drive toward perfection, and a dedication to NPBS. We share these feelings with you and promise to strive each day to meet the needs of our players. We are here as teachers, motivators, encouragers, and examples of positive adults. We will work hard to give your child a wonderful experience while he/she is in the program. We will uphold our promises to you to the best of our abilities according to the CVUSD and NPBS expectations.

The Conejo Valley Unified School District Board of Education will have **zero tolerance** for the following violations of the California State Education Code and Penal Code:

**Student will be suspended and face the Board for expulsion if:**

- Student is in possession of a knife, explosive, gun, or other dangerous object of no reasonable use
- Student sells or provides alcohol or other drugs at school
- Student causes serious physical injury to another person
- Student is in possession or under the influence of any controlled substance
- Student commits robbery or extortion
- Student commits assault or battery

***NO ATHLETE WILL BE ELIGIBLE TO PARTICIPATE IN ANY PRACTICE OR GAME UNTIL THIS IS ON FILE WITH THE ATHLETIC DEPARTMENT.***

By signing the bottom of this sheet you agree that you have read all of the information in the “Newbury Park High School Athletics Parent/Player Contract.” You understand what is expected and agree to follow and support all guidelines, policies, and procedures throughout the entire season. You and your child understand that if you or your child chooses not to support any of the guidelines, policies, and procedures mentioned, that dismissal from the Newbury Park High School Athletic Program is possible.

\_\_\_\_\_  
Athlete Signature Date

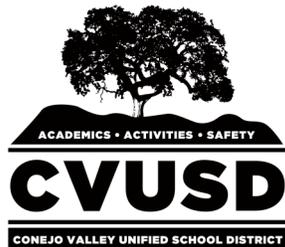
\_\_\_\_\_  
Athlete’s Name (**Print** legibly please!)

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent’s Name (**Print** legibly please!)

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent’s Name (**Print** legibly please!)



## Newbury Park High School

456 Reino Road  
Newbury Park, CA 91320-3798  
Ph: 805.498.3676 Fx: 805.499.3549

**Joshua Eby**  
Principal

**Jeffrey L. Baarstad, Ph.D.**  
Superintendent



**\*\*PLEASE RETAIN THIS PAGE FOR YOUR RECORDS\*\***

### **NEWBURY PARK HIGH SCHOOL ATHLETIC DEPARTMENT CONTRACT**

#### **Philosophy**

High school sports are not only about striving to do one's best as an individual athlete, but also about being part of a team. It is also about accepting all of the challenges, successes, and failures that come with that responsibility. It is not about winning and losing; rather, it is about how one reacts to victory and defeat and how to incorporate those valuable lessons into one's practice and life to become a well-rounded individual.

#### **Problem Solving Hierarchy**

All coaches in this program are more than willing to discuss any problem that may arise during the course of the season, providing that you go through the proper channels. All discussions will begin with the athlete talking with their coach first. If the problem is not resolved, then the parent may become involved by email and finally they may request a meeting with that coach and athlete present. If the problem is still not resolved, then the parent may request a meeting with the athletic director. *In essence, a problem should almost never reach the desk of the athletic director without the athlete and/or parent first attempting to resolve it with the coach.* In many instances, the coach may not even realize a problem exists. **The coach should have every opportunity to resolve any situation before it reaches the administrative level.**

*A reminder, discussing matters such as playtime or game strategy with a coach, either before, during, or after a game is completely inappropriate and will not be allowed.* Please understand that coaches have lives outside of coaching your child, as well. Coaches have spouses, families, school, and many other obligations when practices and games end. While coaches are here to assist with any potential problem, please be sensitive to their time. Please see below for further explanations of coach/parent contact.

#### **Program & School Support**

Newbury Park High School is a large athletic program. Therefore, athletes, coaches, and parents at all levels are encouraged to attend as many games as possible to show support. Valuable team camaraderie is established when athletes and parents at all levels value each other's importance in the program. It is also important to support other athletic teams at Newbury Park High School. For away games, all athletes will ride the buses to and from games. **It must be an emergency situation** for athletes to ride with a parent to or from a game.

#### **Player/Athlete Conduct**

All athletes will participate with pride and class when they step onto the field, court, or other athletic facility. All athletes will respect coaches, teammates, school staff and fans, as well as opposing coaches, athletes, referees, school staff and fans. *The reputation of Newbury Park High School is critical and will be with us forever.* Any athlete who places that reputation in jeopardy will face (severe) reprimand, including possible expulsion from the team. **It only takes a single moment for one athlete to destroy what we have all worked so hard to build.** All athletes will show respect to other participants, all coaches, and themselves. Arguing or backtalk with teammates, coaches, officials, etc. is unacceptable. Using profanity or displaying a hostile attitude is unacceptable. Being dishonest is unacceptable. **You are always representing Newbury Park High School—act to make the Black and Gold proud.**

It is expected that all athletes act appropriately in school at all times. Any athlete who is subject to disciplinary action by the school administration, will also face possible consequences related to their participation in athletics at NPHS. Athletes who do not immediately rectify the problem or are a perpetual disciplinary problem will be removed from the team. We are here as students and teachers first, athletes second.

On a side note, you should get to know your teachers and let them get to know you. Teachers have much to offer and usually respect those who respect them. Any positive relationships formed will go a long way.

#### **Parents**

Your attendance and **unconditional support** at all of our games and functions is appreciated. Our program cannot exist without your assistance and **unconditional support**. Please remember to make all of your comments positive, whether they are to your own child, another NPHS athlete, a coach, or an opposing athlete, coach, or fan. We can all identify schools whose athletes and parents demonstrate little respect and are out of control, and we can all agree on how poorly it reflects upon their program and school. **Further, parents will not openly badmouth or degrade any athlete or coach at any time.** Athletes give their best effort to compete for their school, and coaches make decisions that are in the best interests of their team. Parents causing consistent and substantial disruption can be banned from attending Newbury Park High School athletic events. Parent complaints must first be directed to your child's coach before contacting the NPHS Athletic Department. Parents should not coach any NPHS athlete at games, practices or at home. Please let the coaches coach, and players play while the parents provide unconditional support and encouragement.

In the past, we have received many questions about how, when, and for what issues coaches can be contacted. Below we have outlined the proper procedures to contact a coach and for what issues they can be contacted:

- (1) For administrative issues, for instance, what time a game is, when is practice over, what do the players need for practice, the location of a game, etc. please refer to the provided schedule, contact your child's coach or team parent. If you are still unclear, you may call the athletic office at 805-498-3676. The NPHS coaching staff believes that it is the player's responsibility to know his or her own schedule and needs.
- (2) For issues of playing time or coaching issues, **DO NOT** confront a coach before or after a practice or game. If you have questions that need to be answered the coaching staff asks that you adhere to the following steps: (1) **Player contact**-all of the coaches have an open door policy with players and will sit down with any player to discuss an issue at the appropriate time, (2) **Email**-if a clear answer is not given to the player in their meeting with the coach, a parent can email the coach to clarify what was discussed. If you do not have all the coaches' emails, please send it to the athletic director and they will forward it to the appropriate coach, and (3) **Parent/player meeting**-if the player meeting and email is still insufficient, then a private meeting can be set-up between the coach(es), the parent and the player. Please email or call the coach to set-up a meeting time if you feel it is necessary. An administrator may be invited at the request of the coach.

If for any other reason you feel the need to contact a coach, please do so by email in as respectful a way as possible. ***If for any reason you have any of the coaching staff's personal home or cell phone numbers we ask that you do not use them.*** This is their only connection to life outside of NPHS and we ask that you respect their personal time. If it is an emergency please call the school and they will get in contact with the coaches.

Please understand that the coaching staff has other jobs and responsibilities outside of coaching at NPHS. We are dedicated to your child and this program. We give hours of effort and thought into all decisions both on and off the field. We have your child's emotional, physical, mental and athletic stability and health in mind at all times. We will respond to emails in as timely a manner as our jobs allow. Good luck Panthers!