

Name:

SUN VALLEY MAGNET ATHLETIC PAPER WORK



All of the following paper work must be completed before you are cleared to play on any team:

Mark Off

- Athletic Emergency Information Card and Medical Treatment
- Parent Signature and Date Required
- Pre-participation Physical Evaluation with Physical Exam Form
- Must be complete by Physician and STAMPED
- If you have asthma, be sure to have your “**self-medication**” form signed by your doctor
- Athlete’s Eligibility Information and Parent’s Consent (CIF)
- Both Student-Athlete and Parents Signatures Required
- Code of Conduct (CIF) Form
- Student-Athlete Signature
- Transportation Waiver Form
- Parent Signature Required
- Student Emergency Information Form by LAUSD
- Make sure to fill out completely
- Concussion Information Sheet
- Read document and get an understanding
- Student-Athlete & Parent Signature Required
- Steroid Prohibition Use Form
- Student-Athlete and Parent Signature Required
- Parent / Guardian Publicity Authorization and Release Form
- Photo Permission Form
- No Bullying or Hazing Contract Form
- Student-Athlete and Parent Signature Required
- Cardiac (Heart) Form – Keep Their Heart in the game
- Student-Athlete and Parent Signature Required (Back)
- Proof of Medical Insurance Card
- Please provide a copy of medical insurance card

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.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

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.

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.

Mantenga su corazón en el juego

Una ficha informativa acerca del Paro Cardíaco Repentino para atletas y sus padres/tutores

¿Qué es el Paro Cardíaco Repentino?

El Paro Cardíaco Repentino (PCR) sucede cuando el corazón súbita e inesperadamente deja de latir. Cuando esto sucede, se detiene el flujo sanguíneo hacia el cerebro y otros órganos vitales. El PCR *no* es un paro cardíaco. Un paro cardíaco es causado por una obstrucción que detiene el flujo sanguíneo hacia el corazón. El PCR es una falla en el sistema eléctrico del corazón que hace que la víctima se colapse. Un defecto genético o congénito en la estructura del corazón es la causa de la falla.

¿Qué tan común es el PCR en los Estados Unidos?

Por ser la principal causa de muerte en los EE. UU. cada año suceden más de 300,000 paros cardíacos lejos de los hospitales, de los que nueve de cada diez son mortales. Miles de jóvenes son víctimas de los paros cardíacos repentinos por ser la segunda causa de muerte en menores de 25 años y la principal razón por la que mueren los atletas adolescentes durante el ejercicio.

¿Quién corre el riesgo de sufrir un paro cardíaco repentino?

Los atletas adolescentes corren más riesgo de sufrir un paro cardíaco repentino debido a que tiende a suceder durante el ejercicio o la actividad física. Aunque una enfermedad cardíaca no siempre demuestra signos de advertencia, los estudios demuestran que muchos jóvenes sí tienen síntomas pero no se lo dicen a un adulto. Esto puede ser porque les da pena, no quieren que los saquen de un partido, creen erróneamente que les falta condición física y solamente necesitan entrenar más, o simplemente ignoran los síntomas y suponen que "desaparecerán." Algunos factores de antecedentes clínicos también aumentan el riesgo de que suceda un PCR.

**EL COLAPSO
ES EL
SÍNTOMA #1
DE LA ENFERMEDAD CARDÍACA**

¿Qué debe hacer si su atleta adolescente padece alguno de estos síntomas?

Debemos informarles a los atletas adolescentes que si padecen cualquier síntoma del PCR, es de suma importancia avisarle a un adulto y consultar con un médico de cabecera lo antes posible. Si el atleta presenta cualquiera de los factores que incrementan el riesgo de que suceda un PCR, deberá consultar a un médico para ver la posibilidad de que se le hagan más pruebas. Espere la respuesta del médico antes de que su adolescente vuelva a jugar y además, avise a su entrenador y a la enfermera escolar de cualquier afección diagnosticada.

¿Qué es un DESA?

La única manera de salvar a una víctima del paro cardíaco repentino es con un desfibrilador externo semiautomático (DESA). Un DESA es un aparato portátil y fácil de utilizar que automáticamente diagnostica ritmos cardíacos potencialmente mortales y

administra un impulso eléctrico para restaurar el ritmo normal. Cualquiera puede utilizar un DESA hasta sin capacitación previa. El aparato cuenta con instrucciones en audio que indican cuándo deben presionar un botón para administrar el impulso eléctrico, mientras que existe otro tipo de DESA que administra un impulso automático al detectar un ritmo cardíaco mortal. Un socorrista no puede lesionar accidentalmente a la víctima con un DESA, más bien, entrar

en acción rápido ayuda. El DESA está diseñado para administrar el impulso eléctrico únicamente a las víctimas cuyos corazones necesitan restaurarse a un ritmo cardíaco saludable. Infórmese acerca de la ubicación de un DESA en su escuela.



La cadena de supervivencia cardíaca

En promedio, los equipos de servicios médicos de emergencia tardan 12 minutos en llegar en caso de emergencias cardíacas. Cada minuto que no se atiende a una víctima de PCR reduce la posibilidad de supervivencia en un 10 %. Todos debemos estar preparados para entrar en acción tras los primeros minutos después de un colapso.

Reconocimiento inmediato de un Paro Cardíaco Repentino



La víctima se ha colapsado y no responde. Está gorgoteando, resoplando, gimiendo, le falta el aliento o tiene dificultad al respirar. Se comporta como si le estuviera dando una convulsión.

Llamada inmediata al 9-1-1



Confirme pérdida de conciencia. Llame al 9-1-1 y siga las indicaciones del operador. Llame a quien le pueda ayudar con la emergencia médica ahí mismo.

RCP inmediata



Comience la reanimación cardiopulmonar (RCP) inmediatamente. La RCP con solo las manos se hace con compresiones torácicas de 5 cm rápidas, como 100 por minuto.

Desfibrilación inmediata



Consiga y utilice inmediatamente un desfibrilador externo semiautomático (DESA) para restaurar el ritmo cardíaco saludable. Las unidades portátiles de DESA cuentan con indicaciones paso por paso para que cualquier persona las pueda usar en situaciones de emergencia.

Apoyo vital inmediato



El personal de los servicios médicos de emergencia comienza el apoyo vital avanzado, incluso las medidas de resucitación y traslado a un hospital.



CIF – High School Code of Conduct for Interscholastic Student-Athletes

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character 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 (the “Six Pillars of Charactersm”). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. *Trustworthiness* — be worthy of trust in all I do.
 - ❑ *Integrity* — live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what’s right even when it’s unpopular or personally costly.
 - ❑ *Honesty* — live and compete honorably; don’t lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
 - ❑ *Reliability* — fulfill commitments; do what I say I will do; be on time to practices and games.
 - ❑ *Loyalty* — be loyal to my school and team; put the team above personal glory.

RESPECT

2. *Respect* — treat all people with respect all the time and require the same of other student-athletes.
3. *Class* — live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. *Disrespectful Conduct* — don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or **racial** nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. *Respect Officials* — treat contest officials with respect; don’t complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. *Importance of Education* — be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. *Role-Modeling* — Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off

the field. Consistently exhibit good character and conduct yourself as a positive role model. **Suspension or termination of the participation privilege is within the sole discretion of the school administration.**

8. *Self-Control* — exercise self-control; don’t fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
9. *Healthy Lifestyle* — safeguard your health; don’t use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. *Integrity of the Game* — protect the integrity of the game; don’t gamble. Play the game according to the rules.

FAIRNESS

11. *Be Fair* — live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

12. *Concern for Others* — demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
13. *Teammates* — help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. *Play by the Rules* — maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. *Spirit of rules* — honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct. I understand that I’m expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student-Athlete Signature

Date

SUN VALLEY MAGNET HIGH SCHOOL

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

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

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



NO BULLYING or HAZING CONTRACT

Student and Parent/Guardian Agreement

Bullying and **hazing** are serious matters. Bullying is any mean or disrespectful behavior that is done on purpose to hurt someone physically or emotionally. Hazing is any initiation into a team or group that may cause humiliation, physical or emotional harm.

There are different types of bullying and misconduct including, but not limited to:

Physical Bullying: hitting, kicking, pushing or other unwelcome physical contact. *Serious physical bullying may be regarded as a criminal act, such as battery or assault.*

Cyberbullying: using electronic devices to embarrass, spread rumors, threaten or intimidate. This includes posting or sending inappropriate messages or images by text, cell phone or on social networking sites such as Facebook, Instagram or Twitter. *Sending nude or sexual images may be considered distribution or possession of child pornography, which is a crime.*

Social Bullying: leaving people out, rejecting, manipulating relationships, rating or ranking people, or trying to ruin the reputation of another.

Verbal Bullying: name calling, teasing, spreading hurtful rumors or gossip, making threats or rude noises. *I understand that all threats are taken seriously and may be reported to law enforcement.*

Non-Verbal Bullying: posturing, dirty looks, stalking, damaging property, graffiti, making gang signs or other efforts to intimidate or pressure someone.

Indirect Bullying: getting someone to do something mean or hurtful to someone else on your behalf.

Sexual Harassment: any unwanted or demeaning behavior about someone's sex, sexual orientation, gender, gender identity or gender expression. *Even if I like the person I must be respectful at all times. Sexual harassment may require additional investigation.*

Discrimination: targeting someone based on their real or perceived race, color, national origin, religion, disability or medical condition, sex, sexual orientation, gender, gender identity or gender expression may be considered an act of hate and may be a crime.

I, _____ understand that it is my responsibility to:
STUDENT NAME

- ✓ Respect and honor all school rules.
- ✓ Conduct myself in a respectful manner.
- ✓ Treat and respect others the way I would like to be treated.
- ✓ Tell the person who is bullying to "Stop!"
- ✓ Stop now, if I am bullying others. There are better ways to be a leader, get respect, and have friends.
- ✓ Be thoughtful. What I think is just a joke could be considered bullying, hazing or discrimination.
- ✓ Report bullying to a teacher, principal or other school staff.

Everyone has the right to attend a school that is safe and respectful.

Student's responsibility:

I commit that I will not bully. I will report bullying to an adult. I understand that if I bully, there will be consequences, including possible suspension, expulsion, or arrest. **I am important. I make a difference. I can be a positive leader.**

STUDENT NAME

SIGNATURE

DATE

Parent/Guardian's responsibility:

I commit to encouraging my child to always respect others. I have instructed my child to be a positive leader. I have advised my child to report any bullying to a trusted adult or school personnel. I will work with the school for peaceful solutions.

PARENT/GURDIAN NAME

SIGNATURE

DATE



Protect your child with Student Accident Insurance

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!

Online Enrollment—Secured Accident Plan
Coverage can be purchased any time throughout the year.

Remember to visit our website for faster enrollment.

Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

Serviced by: **K&K Insurance Group, Inc.**

Phone: 855-742-3135



2014-2015 School Year
www.studentinsurance-kk.com

Los Angeles Unified School District

Name				Birthdate			
Address				Grade _____ Track _____			
School Last Fall		School Last Spring		Date Entered Ninth Grade			
I am participating in the following sports:	Fall 1	Nurse	Winter 1	Nurse	Spring 1	Nurse	
	Fall 2	Nurse	Winter 2	Nurse	Spring 2	Nurse	



**CIF LOS ANGELES CITY SECTION
HIGH SCHOOL (_____)**

Current School Year

**ATHLETE'S ELIGIBILITY INFORMATION AND PARENT'S CONSENT
TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS**

As a member of a high school team you have many responsibilities. Among them is remaining eligible or reporting your ineligibility immediately should it occur. The Rules and Regulations Governing Interscholastic Athletics states, "If a school plays an ineligible student, knowingly or unknowingly, in any athletic contest involving team sports - all contests in which the student participated must be forfeited; In individual sports - only the points which the student won must be forfeited." Summarized below are the eligibility rules which you must observe:

1. Only students who are amateurs may participate in athletic contests.
2. Students on high school teams become ineligible if they play on "outside" teams, in the same sport, during their high school season of the sport.
3. For the purpose of this rule, outside competition is prohibited from the opening contest (scrimmage) until the final contest of that sport (league, playoff, or state competition) in which that school is involved, both dates inclusive. The prohibition on playing on outside teams applies to school holidays and vacation periods which occur during the season of the sport.
4. To be eligible for an athletic contest a student must be in attendance at school for at least two class hours on the day of the contest exclusive of the lunch hour and the athletic period. A student who is currently enrolled in at least 20 semester periods of work and passed in at least 20 semester periods of work at the completion of the last regular school marking period is scholastically eligible until the completion of the current regular school marking period.
5. The legal residence of a student who represents a high school in athletics must have been in the high school district of that school when registering as an entering student. Any student who registers in a school other than the one in whose district the student legally resides in is ineligible to represent that school in athletics unless attending on a permit which carries athletic privileges or on a Statement of Residence. If a Statement of Residence is on file, a student is ineligible to compete in athletics until 20 weeks of attendance have been completed in the new school.
6. Students who knowingly fail to provide complete and accurate information regarding eligibility to participate in athletics shall be declared ineligible to represent their school in any sport for one year following the date of the discovery of the offense.
7. When a bus is furnished to transport athletic teams to contests, only those participants traveling by bus will be eligible to compete. Students assigned to bus travel must return by bus.

PLEASE SIGN THE FOLLOWING AFFIRMATION: I am aware of my responsibilities and the regulations governing my participation in connection with the Interscholastic Athletic program. I will so govern myself that my association with the program will bring honor to it and my school, and I shall expect to be asked to withdraw from the activity in case I fail to do so. I agree to withdraw from the activity if requested to do so. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my being declared ineligible.

PLEASE SIGN THE FOLLOWING AFFIRMATION: I hereby grant permission for the above named student - athlete to participate in interscholastic baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track and field, volleyball, wrestling, cheer, dance team, drill team, and marching band including travel to and from athletic contests at other schools or locations. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my student-athlete being declared ineligible.

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Student-Athlete Signature

Date

Parent Signature

Date

ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION

We are aware that play/participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY. We understand that the risks and dangers include, but are not limited to, death or paralysis, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. We understand that the dangers and risks or participating in sport(s) also include the high cost of medical care and impairment of the athlete's future ability to earn a living, and engage in other business, social, and recreational activities. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at _____ High School.

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, as well as obeying such instructions.

Both the applicant student and a parent or guardian must read carefully and sign. If there are any questions, contact the Athletic Director or the Administrator in Charge of Athletics at (_____) _____.

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Student-Athlete Signature

Date

Parent Signature

Date



LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME				FIRST NAME				M.I.			
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE		HOME LANGUAGE					
STUDENT'S HOME ADDRESS -- NUMBER			STREET			APT #		CITY		ZIP CODE	
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)			STREET			APT #		CITY		ZIP CODE	
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WORK ADDRESS -- NUMBER		STREET				CITY		ZIP CODE			
CONTACT NUMBERS				Indicate which phone to call for each message type:*				EMAIL ADDRESS:			
HOME				EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work				
CELL				ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work				
WORK				GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work				
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WORK ADDRESS -- NUMBER		STREET				CITY		ZIP CODE			
CONTACT NUMBERS				Indicate which phone to call for each message type:*				EMAIL ADDRESS:			
HOME				EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work				
CELL				ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work				
WORK				GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work				
<i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i>											
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE			
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE			
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE			
<i>List any other family members attending this school:</i>											
LAST NAME		FIRST NAME			HOME ROOM		GRADE	RELATIONSHIP			
LAST NAME		FIRST NAME			HOME ROOM		GRADE	RELATIONSHIP			
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT											
The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here)											
hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.											
HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".											
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families											
MEDI-CAL / HEALTHY FAMILIES ID Number: _____											
1. PRIVATE HEALTH INSURANCE NAME			GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)			GROUP NO.			
NAME OF DOCTOR / MEDICAL OFFICE					PHONE NUMBER OF DOCTOR / MEDICAL OFFICE						
<small>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</small>											
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____											
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____											
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.											
X _____							DATE				
SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN											

STUDENT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

* Selected telephone number must be a direct dial number (no extensions).



DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES

FORMULARIO ESTUDIANTIL DE INFORMACIÓN PARA EMERGENCIAS

Español

Información para Padres: Favor de llenar este formulario por completo y firmar en la sección indicada. En caso de una emergencia grave las normas del distrito escolar requieren mantener a los alumnos en la escuela por su seguridad. El personal escolar usará este formulario cuando los alumnos sean permitidos volver a casa. Favor de llenar electrónicamente o con letra de molde clara y entregar el formulario completo en la escuela.

APELLIDO DEL ALUMNO		NOMBRE			INICIAL		
FECHA DE NACIMIENTO		<input type="checkbox"/> Masc. <input type="checkbox"/> Femen.		GRADO		IDIOMA QUE SE HABLA EN CASA	
DOMICILIO DEL ALUMNO - Número		CALLE			APT #	CIUDAD	CÓDIGO POSTAL
DOMICILIO POSTAL -- Número (SI DIFIERE AL DE ARRIBA)		CALLE			APT #	CIUDAD	CÓDIGO POSTAL
APELLIDO DEL PADRE/TUTOR LEGAL		NOMBRE			PARENTEZCO AL ALUMNO		VIVE CON EL ALUMNO <input type="checkbox"/> Sí <input type="checkbox"/> No
DIRECCIÓN DEL TRABAJO		CALLE			CIUDAD		CÓDIGO POSTAL
Números telefónicos de contacto		Indicar a qué número llamar para cada tipo de mensaje*:			CORREO ELECTRÓNICO:		
HOGAR		EMERGENCIA	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo		
CELULAR		ASISTENCIA	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo		
TRABAJO		INFORMACIÓN GENERAL	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo		
APELLIDO DEL PADRE/TUTOR LEGAL		NOMBRE			PARENTEZCO AL ALUMNO		VIVE CON EL ALUMNO <input type="checkbox"/> Sí <input type="checkbox"/> No
DOMICILIO - número		CALLE			CIUDAD		CÓDIGO POSTAL
Números Telefónicos de Contacto		Indicar a qué número llamar para cada tipo de mensaje*:			CORREO ELECTRÓNICO:		
HOGAR		EMERGENCIA	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo		
CELULAR		ASISTENCIA	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo		
TRABAJO		INFORMACIÓN GENERAL	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo		
<i>Al director: En caso de no localizarme durante una emergencia, le autorizo a contactar y, de ser necesario, entregarle a mi niño a cualquiera de las siguientes personas:</i>							
NOMBRE		PARENTEZCO		TEL. DEL HOGAR		TEL. DE CELULAR	TEL. DEL TRABAJO
NOMBRE		PARENTEZCO		TEL. DEL HOGAR		TEL. DE CELULAR	TEL. DEL TRABAJO
NOMBRE		PARENTEZCO		TEL. DEL HOGAR		TEL. DE CELULAR	TEL. DEL TRABAJO
<i>Incluir cualquier otro miembro de la familia que asista a esta escuela:</i>							
APELLIDO		NOMBRE		SALÓN PRINCIPAL	GRADO ESCOLAR	PARENTEZCO	
APELLIDO		NOMBRE		SALÓN PRINCIPAL	GRADO ESCOLAR	PARENTEZCO	
AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA							
El abajo firmante, como padre/tutor legal de: _____ menor de edad, (Escribir el nombre del alumno con letra de molde)							
por medio del presente autoriza al director o persona designada, habiéndosele encomendado el cuidado del alumno, a acceder a cualquier análisis con radiografía, anestesia, diagnóstico médico o quirúrgico, tratamiento y/o atención en hospital para el alumno, según lo especifique un médico acreditado y/o dentista. Estoy al tanto de que esta autorización se extiende antes de cualquier diagnóstico, tratamiento o atención en hospital necesaria y otorgo la autoridad y facultad al Distrito Escolar Unificado de Los Angeles ("Distrito") de dar consentimiento a todo y cualquier diagnóstico, tratamiento, o atención en hospital con un médico acreditado o dentista conforme se determine necesario. Esta autorización se extiende de acuerdo con el Artículo 49407 del Código de Educación de California, y seguirá en vigencia hasta que se revoque por escrito y dicha revocación se entregue al Distrito. Entiendo que el Distrito, sus funcionarios y empleados no asumen responsabilidad de cualquier índole en relación con el transporte del alumno. También estoy al tanto de que el costo de transporte de paramédicos, hospitalización, análisis, radiografías, o tratamiento que se proporcione en relación con esta autorización será responsabilidad exclusivamente mía, como padre/tutor del alumno.							
ALERTA DE SALUD - Incluir cualquier condición médica del alumno que limite actividad física o requiera atención especial. Incluir condiciones tales como asma y alergias (por ejemplo: a la crema de mani, o picaduras de abeja). Si el alumno no presenta ninguna condición indicar "ninguna".							
INDICAR SI EL ALUMNO TIENE SEGURO MÉDICO (Marcar uno) <input type="checkbox"/> Sí <input type="checkbox"/> No* Si respondió "Sí" Indique: <input type="checkbox"/> Seguro médico Particular <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families							
# de miembro MEDI-CAL / HEALTHY FAMILIES:							
1. SEGURO MÉDICO PARTICULAR		GRUPO #		1. SEGURO MÉDICO PARTICULAR		GRUPO #	
NOMBRE DEL DOCTOR/ CLÍNICA				NOMBRE DEL DOCTOR/ CLÍNICA			
*Si el alumno actualmente no tiene seguro médico, para información sobre programas gratuitos o a precios módicos, llame sin costo alguno a la LINEA DE ASISTENCIA del Distrito al : 1(866)742-2273.							
MI HIJO ES ALÉRGICO A LOS SIGUIENTES MEDICAMENTOS: :							
MI HIJO ACTUALMENTE TOMA LOS SIGUIENTES MEDICAMENTOS:							
HAGO CONSTAR QUE LEÍ Y ENTIENDO ESTE FORMULARIO Y OTORGÓ MI AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA, Y QUE TODA LA INFORMACIÓN QUE PROPORCIONÉ EN ESTE FORMULARIO ES VERDICA Y CORRECTA.							
X						FECHA	
FIRMA DE: _____ (MARCAR UNO) <input type="checkbox"/> PADRE <input type="checkbox"/> TUTOR LEGAL							

APELLIDO DEL ESTUDIANTE

NOMBRE

S.N.

* El número telefónico seleccionado debe ser línea de marcado directo (no extensiones)

Los Angeles Unified School District Preparticipation Physical Evaluation

Date of Exam: _____

Page 1 of 2

Student's Name: _____		Sex: _____	Age: _____	Date of Birth: _____
Grade: _____	School: _____		Sport(s): _____	
Address: _____			Phone: _____	
Personal Physician/Provider: _____				
In case of emergency, contact: Name: _____ Relationship: _____				
Phone (H): _____		(W): _____	(Cell): _____	(Cell): _____

History

This section is to be carefully completed by the student and his/ her parent(s) or legal guardian(s) before participation in interscholastic athletics.

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

Explain "Yes" Answers Here: (Attach additional sheets as needed)

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

Signature: _____
(Athlete)

Signature: _____
(Parent or Guardian)

Date: _____

Nutrition

6 Nutritional Facts to follow:

1. Stay away from fast food it does not provide the fuel you need.
2. Know the general principles of nutrition – good food equals good energy.
3. Watch your food portions when eating.
4. It is best to eat through out the day in small portions to maintain good fuel.
5. Eat good proteins, carbohydrates (Omega 3 and whole wheat), and good fats.
6. Eat more greens and fruits (natural glucose and good carbohydrates)

Must do everyday:

Stay hydrated everyday (8 to 10 glasses (16 oz.) of water). Also 2 to 3 hours before running. Check urine in the morning. **Lemonade color = hydrated, Apple juice (darker) color = dehydrated.**

Pre-workout meet Plan

1. Load on good carbohydrates two nights before the meet. High-energy foods (breads, cereals, pasta, rice, fruit, and vegetables). The meal should include a lean protein like turkey, chicken, eggs, and milk)
 - 2/3 (169 grams) of a plate with high carbohydrate options (brown rice, whole-grain pasta, beans, whole wheat bread, whole oats, whole-grain barley, bananas, berries, lowfat yogurt, oatmeal, almonds, sweet potatoes, fruits, greens), 88 grams of protein, and 35 grams of good fat.
2. Eat a healthy meal before the meet.
3. Eat a nutritional (good) breakfast the morning of the meet. (bagel, oatmeal, waffle)
4. 3 to 4 hours before practices and meets will allow you to have enough energy.

Example Menu 1

Ravioli with meat sauce, Italian bread, steamed vegetables, fruit, lowfat / nonfat milk.

Example Menu 2

Ham / veggie sandwich on whole grain bread, Fresh fruit salad, fig bars, sports drink (Gatorade or Powerade)

Example Menu 3

Baked chicken breast, steamed broccoli, fruit yogurt, fruit juice



CIF LOS ANGELES CITY SECTION

CIF BYLAW 524/STEROID PROHIBITION USE FORM

Print Name of Student-Athlete

Birthdate

School

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the CIF Los Angeles City Section/Los Angeles Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Athlete

Date

Signature of Parent/Caregiver

Date

This Form must be part of the Athlete's packet



Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program.

1. Name of Pupil (please print) [] 2. Birthdate (please print) []

3. Name of Parent (please print) []

- a. I, as a parent of guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian [] 5. Date Signed []

6. Address (Number, Street, Apartment Number) []

7. City [] 8. State [] 9. Zip Code []

10. Telephone []

Granting of permission is voluntary. Please return completed form to school.

11. Principal []

12. School []

Approved as to form by the Office of the General Counsel.

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information



Distrito Escolar Unificado de Los Angeles
Autorización de los padres o tutores para la divulgación publicitaria

Estimado(a) padre, madre, tutor o tutora:

El Distrito Escolar Unificado de Los Angeles solicita el permiso de usted para reproducir en forma impresa, auditiva, visual o electrónica actividades en las cuales su hijo(a) haya participado en su programa educativo. La autorización que usted nos otorgue nos permitirá emplear materiales preparados especialmente para (1) capacitar a los profesores o (2) para fomentar entre el público una mayor conciencia y promover un mejoramiento continuo de los programas educativos mediante el uso de los medios de comunicación, las exposiciones, los folletos, los domicilios electrónicos (*websites*), etc.

1. **Nombre y apellido del (de la) estudiante** (escriba por favor en letra de molde) 2. **Fecha de nacimiento** (escriba por favor en letra de molde)

3. **Nombre y apellido del padre o la madre** (escriba por favor en letra de molde)

- a. Yo, como padre, madre, tutor o tutora del (de la) alumno(a) antes mencionado(a) doy mi autorización plena y concedo al Distrito Escolar Unificado de Los Angeles y a sus representantes autorizados el derecho para imprimir, fotografiar, grabar y editar - según lo desee - la información biográfica, el nombre y apellido, las imágenes, las similitudes, o la voz del (de la) alumno(a) antes mencionado(a), en forma auditiva, en videocintas, en filmes, en diapositivas, en cualquier otra forma electrónica o en formatos impresos que actualmente se desarrollan (se les conoce como "Grabaciones"), para los propósitos antes mencionados y declarados.
- b. Entiendo y estoy de acuerdo en que el uso de tales Grabaciones se dará sin compensación alguna para los estudiantes, sus padres o sus tutores.
- c. Entiendo y estoy de acuerdo en que el Distrito Escolar Unificado de Los Angeles o sus representantes autorizados tendrán el derecho exclusivo, el título, el interés e inclusive el derecho de autor de las Grabaciones.
- d. Entiendo y estoy de acuerdo en que el Distrito Escolar Unificado de Los Angeles o sus representantes autorizados tendrán el derecho ilimitado para utilizar las Grabaciones para cualquiera de los propósitos declarados o relacionados con lo antes mencionado.
- e. Por la presente exonero de toda responsabilidad civil al Distrito Escolar Unificado de Los Angeles y a sus representantes autorizados por la totalidad y cada una de las demandas, reclamos, daños y perjuicios, costos o gastos, incluso los honorarios de los abogados, que presenten los alumnos, sus padres o sus tutores en lo relacionado a lo que se haya suscitado o pudiera surgir por cualquier uso de estas Grabaciones, conforme se especificó antes.

Mi firma muestra que he leído y que entiendo esta exoneración de toda responsabilidad civil, y estoy de acuerdo en aceptar sus disposiciones.

4. **Firma del padre, la madre, el tutor o la tutora** 5. **Fecha en que se firmó**

6. **Domicilio (Número de la calle, calle, número de apartamento)**

7. **Ciudad** 8. **Estado** 9. **Código postal** 10. **Teléfono**

El conceder su permiso es de carácter voluntario. Sírvase devolver a la escuela el formulario lleno.

11. **Director(a)**

12. **Escuela**

formulario aprobado por el Despacho del asesor jurídico

Este formulario no podrá ser enmendado sin la aprobación por escrito tanto del Despacho del asesor jurídico como por la Oficina de comunicaciones e información pública.

Sun Valley Magnet School
Athletic Emergency Information Card

Last Name _____ First Name _____ ID # _____

Birthdate _____ Age _____ Grade _____ Sport _____ School Year _____

Address _____

Father's Name _____ Cell # _____

Home # _____ Work # _____

Mother's Name _____ Cell # _____

Home # _____ Work # _____

Medical conditions (i.e., asthma / diabetes)? _____

Any known allergies _____

Any medications currently taking (i.e., ibuprofen)? _____

Any supplements / vitamins currently taking _____

Name of Insurance Company _____

Student-Athlete Email Address _____

Parent Email Address _____

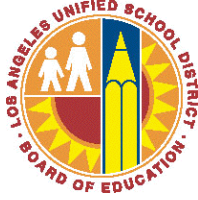
Parent Authorization for Emergency Medical Treatment

Should it be necessary for my child/ward to have medical treatment while participating in this trip/sport, I hereby give the District personnel permission to use their judgment in obtaining medical services for my child/ward and give permission to the physician selected by the District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District has no insurance covering such medical and hospital costs incurred by my child/ward and therefore any cost for such treatments shall be my sole responsibility.

Parent/Guardian Signature of Approval

Date

LOS ANGELES UNIFIED SCHOOL DISTRICT



BULLETIN NO. 5310.0

TRANSPORTATION WAIVER FORM

Permission is granted for _____
(Name of student)
as a part of his/her class work in Cross Country Team
(Sport name)
or other student activity _____
(Type of activity or activities)
at Sun Valley Magnet School to participate in the following school-
sponsored field trip or excursion to: _____ on
the date of _____.

Since no school district transportation is available for this trip/excursion, I further authorize my child to use the following mode(s) of transportation to participate in the above event:

(Please initial on appropriate line(s) below and then sign at the bottom of page)

Ride in a private vehicle **driven by a District employee:**

Age of authorized driver: ____ (18-25) ____ (Over 25)

Ride in private **vehicle driven by a parent/volunteer:**

Age of authorized driver: ____ (18-25) ____ (Over 25)

In so doing, I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against the Los Angeles Unified School District, the Board of Education of Los Angeles Unified School District, and its members, agents and employees, arising out of, in connection with, or resulting from the above school activity.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

(If signed by Guardian please state nature of custodial relationship.)