

CLEARANCE PROCEDURES 2017-18 School Year

YOU MAY NOT PRACTICE OR COMPETE UNTIL YOUR COACH RECEIVES A SIGNED COPY OF YOUR EMERGENCY CARD FROM THE ATHLETIC DIRECTOR.

A TWELVE page **CLEARANCE PACKET** is attached to these directions.
Additional packets are available online at www.ths.tusd.org.

CLEARANCE CHECKLIST

All items must be complete for packet to be accepted!

- Completely fill out Page 1 regarding Student Information.
Two (2) Signatures are required in *part 4* parent/guardian and athlete.
- Parent/guardian and athlete signatures on Page 3 regarding Code of Ethics.
- Parent/guardian and athlete signature on Page 5 regarding Passenger Authorization.
- Parent/guardian and athlete signature on Page 6 regarding Transportation along with (check or cash accepted).
- Parent/guardian and athlete signatures on Page 7 regarding Warnings.
- Parent/guardian and athlete signatures on Page 9 regarding concussions.
- TWO (2) Parent/guardian signatures on Page 10
 - 1) regarding steroid use.
 - 2) regarding permission for Photos and interviews.
- Physical form on Page 11 filled out completely **including** parent/guardian signature at mid-page and doctor's stamp in lower right corner.
Debate team members do not need a physical.
- Both portions of the emergency card filled out completely **including** contacts, insurance information, and parent/guardian signature at bottom of each portion.

*****DO NOT return the CLEARANCE PACKET to your COACH*****

CLEARANCE PACKETS MAY BE TURNED IN TO THE **BUSINESS OFFICE**

- Any school day during business hours (before school, at lunch, or after school)

**All Fall Athletes must be cleared before the first Official day of Practice.
DEADLINE: Thursday August 10, 2017**

Torrance High School - CLEARANCE FORM

ATHLETICS/BAND/PEP SQUAD

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PART 1 – STUDENT INFORMATION

Please **PRINT** this information carefully.

LAST NAME	FIRST NAME	BIRTHDATE	GRADE THIS YEAR
STREET ADDRESS		CITY	ZIP CODE
TELEPHONE NUMBER			

PART 2 – PHYSICAL EXAMINATION

An annual physical examination or statement by a medical practitioner certifying that the student is physically fit to participate is required before a student may participate in Athletics, Band or Pep Squad.

DATE OF PHYSICAL EXAM	NAME OF DOCTOR OR MEDICAL PRACTITIONER	LOCATION OF PHYSICAL EXAM
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PART 3 – INSURANCE

California Sate law (EdCode Sect 31751-55) requires every students taking part in school Athletic, Band, Debate, Drill Team or Pep programs to have accidental bodily injury insurance. This coverage **MUST** be a minimum of \$1,500 in scheduled medical and hospital benefits, and at least \$1,500 in accidental death benefits. This coverage may be provided through your own medical insurance or you may purchase student insurance through Myers-Stevens & Company. Forms are available in Business office or on-line at www.ths.tusd.org. **This is a requirement! Uninsured students will not be allowed to participate**

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

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

My signature affixed hereon gives permission for my son/daughter to participate in Athletics, Band, Debate or Pep Squad at the high school and certifies that I (PARENT/GUARDIAN AND STUDENT) have read and agree with the Rules and Regulations on the back of this form.

DATE	PARENT/GUARDIAN SIGNATURE	STUDENT SIGNATURE
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PART 5 – APPROVAL BY ATHLETIC DIRECTOR OR ATHLETIC SECRETARY (Office use only)

DATE	ATHLETIC DIRECTOR'S SIGNATURE	TUSD RECEIPT NUMBER	AMOUNT PAID	CHECK NUMBER	CASH PAYMENT
FALL:		WINTER:		SPRING:	

*****THIS FORM MUST BE SIGNED*****

TORRANCE UNIFIED SCHOOL DISTRICT
ATHLETIC RULES AND INFORMATION

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ASB CARD: It is recommended that all athletes purchase ASB cards. The ASB card provides discounts for school activities and free entrance into all league and practice athletic events the entire year. It is required in order to receive athletic awards, letters, plaques, etc., free of charge.

1. **OUTSIDE TEAMS: Athletes cannot play on another team in the same sport from the time of high school's first contest against another school, in that sport, through the final game of the season.**

2. **SCHOLASTIC ELIGIBILITY (TUSD Board Policy 327.22)**

- a. Athletes must be legally enrolled and progressing toward meeting graduation requirements.
- b. Athletes are expected to enroll in six classes and are ineligible if they drop below five classes.
- c. Athletes must maintain a minimum GPA of 2.0 in all classes for the quarter completed prior to each season. **Weighted GPA's do not count for eligibility reasons.**
- d. Athletes may have no more than one (1) unsatisfactory grade in citizenship for the quarter completed prior to the season and throughout the season.
- e. These academic and citizenship standards must be maintained each quarter (10 week period) to stay eligible.

3. **TORRANCE HIGH SCHOOL ATHLETIC COUNCIL:** Any athlete suspended from school, in or out of season, will be subject to disciplinary actions by the Athletic Council. Any athlete caught in the possession of, or under the influence of liquor, tobacco or controlled substances, in or out of season, will be subject to disciplinary actions by the Athletic Council. If requested by a coach or administrator, the Athletic Council will convene to investigate alleged individual or team violations and has the authority to invoke disciplinary action.

4. **HIGH SCHOOL ATHLETIC RULES:**

- a. Athletic department qualification for earning a letter is that an athlete must complete the season as a member of the varsity team (cannot have been cut, become in-eligible, been suspended or quit). Coaches have the right to add their own criteria for their programs.
- b. All school-issued equipment (uniforms, bags, etc.) must be returned at the end of the season or the athlete will receive an incomplete grade and be put on the activities office debt list until the equipment has been returned or paid for. Yearbooks and or other items may not be received if your name is on the list.
- c. Athletes may not transfer from an "in-season" sport to any other sport until after the last game of the "in-season" sport or until released by the coach of the "in-season" sport.
- d. Athletes are guaranteed a chance to tryout for another sport at the conclusion of their present sport season. We encourage athletes to participate in more than one sport during the year.
- e. Athletes who are cut from a sport will be transferred to a regular P.E. Class. Classes will range from 0-5th period. They must report to class daily and wear the required P.E. uniform in order to receive credit.
- f. All athletes must go to and from games on the team bus or with an authorized adult driver.
- g. To be a member of a high school athletic team is a privilege and an honor. We expect all players on the field to conduct themselves like ladies and gentlemen. Specifically, we do not want players to criticize teammates or officials nor to commit deliberate fouls. When fouled, we do not want our players to retaliate. In short, we expect high school athletes to play with "class" and "character".
- h. The athletic department has additional policies and rules that may be brought into effect according to the violation that may have occurred. All athletes are expected to follow school rules at all times.

5. **THE ATHLETE, PARENT, AND COACH:**

- a. Coaches may, and often do, set additional rules and regulations for their sports.
- b. Lines of communication. If a problem arises, parents are required to discuss it with the coach prior to calling the Athletic Director and/or Administration. No anonymous complaints (either in writing or otherwise) will be addressed.

TORRANCE HIGH SCHOOL
CIF SOUTHERN SECTION
ATHLETES CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety / awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

Athlete's Signature: _____ **Date:** _____

Athlete's Name Printed: _____

Parent Signature: _____ **Date:** _____

The CIF-Southern Section requires that a copy of this form be kept on file in the Athletic Director's Office at the local high school on an annual basis.

*****THIS FORM MUST BE SIGNED*****

PLEASE COMPLETE FORM ON THE REVERSE SIDE

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Torrance Unified School District

TORRANCE HIGH SCHOOL

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

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

Torrance High School specifically requires the completion of the permission forms, which indicate that insurance responsibility on the part of drivers is adequately met and that parents give permission for their students to be transported by coaches, parents, sponsors or other adults to such voluntary school-sponsored events.

Parents must understand that Torrance High School does not provide transportation to some voluntary school-sponsored events and that it is solely a parent's responsibility to arrange transportation for his/her son/daughter if the parent wishes his/her son/daughter to attend/participate in the event(s).

If, as a parent or guardian, you wish your son/daughter to be transported by a coach, sponsor, parent or other adult to a voluntary school-sponsored event, the appropriate form must be completed prior to the school-sponsored event. Please read the form carefully.

DRIVERS ARE NOT ACTING AS AGENTS OF TORRANCE HIGH SCHOOL.

DRIVERS ARE NOT DRIVING ON BEHALF OF TORRANCE HIGH SCHOOL.

TORRANCE HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE DRIVERS.

TORRANCE HIGH SCHOOL IS NOT PROVIDING INSURANCE FOR THE PASSENGERS

Please ask your coach/sponsor if you have questions concerning the voluntary transportation policy or about the required permission forms.

PERMISSION FOR STUDENT TO RIDE IN A CAR

TORRANCE HIGH SCHOOL



STUDENT PASSENGER AUTHORIZATION FORM

For Torrance High School Students to Ride to a School-Sponsored Event with an Approved Coach, Sponsor, Parent or Adult Driver

The undersigned hereby acknowledges and understands that Torrance High School is not providing transportation to certain voluntary school-sponsored event(s) and that is the responsibility of the undersigned to arrange transportation for his/her son or daughter.

TORRANCE HIGH SCHOOL MAY **NOT** PROVIDE BUS TRANSPORTATION FOR CERTAIN AWAY CONTESTS/TOURNAMENTS. PARTICULAR EVENTS MAY ALLOW FOR INDIVIDUALS OR TEAMS TO TRAVEL BY PRIVATE TRANSPORTATION TO SOME CONTESTS, TOURNAMENTS OR WEEKEND EVENTS. ADVANCE NOTICE WILL BE GIVEN TO ALL TEAM MEMBERS.

As parent/legal guardian, I hereby authorize and give permission for my son/daughter,

(Student's name) _____, to ride as a passenger in a vehicle driven by a coach, sponsor, parent or other adult to the above school sponsored event(s).

The undersigned acknowledges and understands that the driver is not driving on behalf of, or as an agent of, Torrance High School. Further, the undersigned understands that Torrance High School has not verified the driving record or DMV record of the driver or the mechanical condition of the vehicle.

However, the driver has produced a signed document indicating adequate insurance coverage, possession of a California Driver's License and that the vehicle is in proper mechanical condition.

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

THIS FORM MUST BE SIGNED

TRANSPORTATION

"The Torrance Unified School District's four high schools collect parent contributions for extracurricular transportation. Contributions will be collected from all Athletic teams, Band, Debate, Drill Team, and Pep Squad, and will be used to pay for busses carrying these high school students to activities and games."

1. The basic payment per athlete is:

A.	One (1) student in one season of activity/team	\$130.00
B.	One (1) student in two or more seasons of activities/teams	\$200.00
C.	Two or more students each of whom are in two or more activities/teams	\$300.00

2. The contribution applies to all interscholastic athletics that use busses and drivers. **Band, Pep Squad, Song Team and Drill Team are considered two season activities and are asked to pay \$200.00**

3. **Refund Policy:**

- a. Refunds will be granted to students who are cut or voluntarily drop **before their activity/team's first contest.**
- b. **No refunds** will be granted to students who are cut or drop the activity/team after the first contest, regardless of whether or not the student participated.
- c. **No refunds** will be granted to students who become scholastically ineligible.

4. Please write a check or money order, payable to the **Torrance Unified School District**. Complete the information below and on your check, write your student's full name, grade level, and sport(s).

Name of Student	Fall Sport	Winter Sport	Spring Sport	Amount
Name of Student	Band	Debate	Pep/ Drill	Amount

Parent Signature _____

Date _____

*****THIS FORM MUST BE SIGNED*****

TORRANCE 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
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays non-coordination• 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

TORRANCE HIGH SCHOOL
CONCUSSION INFORMATION SHEET

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. **The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:**

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

*****THIS FORM MUST BE SIGNED*****

TORRANCE UNIFIED SCHOOL DISTRICT

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

(Print Name of Student Athlete)

Torrance High School
(High School)

As a condition of the membership in the California Interscholastic Federation (CIF), the Governing board of the Torrance Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D, the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the District's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

(Signature of Student Athlete)

(Date)

(Signature of Parent/Guardian)

(Date)

*****THIS FORM MUST BE SIGNED*****

**TORRANCE UNIFIED SCHOOL DISTRICT
PERMISSION FOR USE OF STUDENT PHOTOS AND INTERVIEWS**

The Torrance Unified School District offers many unique educational programs as well as strong athletic programs. As a result of this, Torrance High School anticipates positive print and broadcast media attention during the school year. This media attention will serve to increase the public's awareness of all programs offered through the Torrance Unified School District as well as Torrance High School. The Daily Breeze and Torrance CitiCABLE Channel 3 are just a few of the media groups that routinely feature our students.

All print and broadcast interviews will involve representatives from Torrance High and administrators or a designee will be present for all media interviews. We are requesting your written permission so that any photographs, video footage or comments of your child may be used or distributed by the media or TUSD. Please complete the form below

I, _____, parent/guardian of _____,
(Print Parent/ Guardian Name) (Print Students First/Last Name)

hereby give my permission without restriction for my child to be photographed, interviewed, and/or videotaped during the current school year at Torrance High School by the representatives of the print and broadcast media and/or TUSD. I fully relinquish the rights of interest any type of media which may be used for any legitimate purpose by the school and TUSD.

(Parent/Guardian Signature)

(Date)

*****THIS FORM MUST BE SIGNED*****

TORRANCE HIGH SCHOOL PHYSICAL SCREENING FORM

SPORT: _____ SCHOOL: **TORRANCE HIGH** DATE: _____

PRINT: Last Name First Name M.I. Grade Age Date of Birth

Address _____ City _____ Zip Code _____

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

Check and give as much information as possible **Y = yes, N = no**

Heart Trouble High Blood Pressure Asthma Diabetes
 Kidney Problems Head Trauma Seizures Other (List below)

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

Current medications Allergies Last Tetanus Immunization

Signature of Parent or Guardian: _____

PHYSICAL EXAMINATION (To be completed by physician):

Height: _____ Weight: _____ Temp: _____ Blood Pressure: _____ Pulse: _____ Respirations: _____

Visual Acuity: O.D. ___/___ O.S. ___/___ () Corrected () Uncorrected L.M.P. _____

() Chest Pain () Extreme S.O.B. () Dizziness () Fatigue () Palpitations () Sudden Death of Family Member

	NORMAL	10. MUSCULOSKELETAL, ROM, STRENGTH	
1. EYES		NECK	
2. EARS, NOSE, THROAT		SPINE	
3. MOUTH AND TEETH		SHOULDERS	
4. NECK		ARMS/HANDS	
5. CARDIOVASCULAR		HIPS	
6. CHEST AND LUNGS		THIGHS	
7. ABDOMEN		KNEES	
8. SKIN		ANKLES	
9. GENITALIA-HERNIA(MALE)		FEET	
		11. NEUROMUSCULAR	

ABNORMAL FINDING: _____

RECOMMEND: () Full Activity, No Restrictions Recommend: () Vision Evaluation () Tetanus Booster
 () Accept, Restrictions: () No contact sports () Other: _____
 () Not Participate

EXAMINING PHYSICIAN: _____ License#: _____ Date: _____

Address: _____ **Doctor's Stamp here:**

Phone #: _____

TORRANCE HIGH SCHOOL-ATHLETIC EMERGENCY CARD

FILL IN BOTH COPIES

PARTICIPATION YEAR: 2017-18

SPORTS: _____

Name: _____ Grade: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Work Phone: _____ X. _____ Work Phone: _____ X. _____

Cell Phone: _____ Cell Phone: _____

Family Physician: _____ Physician Phone: _____

Emergency consent on file at: _____ (Please fill in Hospital Name)

My student athlete has the following medical insurance: _____ (Please fill in company)

Policy # _____ Group # _____ Other info: _____

If a parent cannot be reached, please contact: **(this information is required)**

1. Name: _____ Relationship to athlete: _____

Address: _____ Phone #(s) _____

2. Name: _____ Relationship to athlete: _____

Address: _____ Phone #(s) _____

In case of an emergency, I give permission to take _____ to a physician/hospital. I hereby authorize the physician to take necessary care of my child and I agree to assume responsibility for all medical services.

Parent/Guardian Signature: _____ Date: _____

TORRANCE HIGH SCHOOL-ATHLETIC EMERGENCY CARD

FILL IN BOTH COPIES

PARTICIPATION YEAR: 2017-18

SPORTS: _____

Name: _____ Grade: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Work Phone: _____ X. _____ Work Phone: _____ X. _____

Cell Phone: _____ Cell Phone: _____

Family Physician: _____ Physician Phone: _____

Emergency consent on file at: _____ (Please fill in Hospital Name)

My student athlete has the following medical insurance: _____ (Please fill in company)

Policy # _____ Group # _____ Other info: _____

If a parent cannot be reached, please contact: **(this information is required)**

1. Name: _____ Relationship to athlete: _____

Address: _____ Phone #(s) _____

2. Name: _____ Relationship to athlete: _____

Address: _____ Phone #(s) _____

In case of an emergency, I give permission to take _____ to a physician/hospital. I hereby authorize the physician to take necessary care of my child and I agree to assume responsibility for all medical services.

Parent/Guardian Signature: _____ Date: _____