Athletics Handbook

6249 Skyway
Paradise, CA 95969
(530) 872-1171
Danya Reynolds, Co-Athletic Director
dreynolds@hometech.org
Danielle DiPietro-Hawkins, Co-Athletic Director
ddipietrohawkins@hometech.org

Student Name ___________________________  School ID# ________________________
ACTIVITIES ELIGIBILITY PACKET

ATHLETICS CODE OF CONDUCT / ASSUMPTION OF RISK / DRUG, ALCOHOL, & STEROID BAN / INSURANCE / PHYSICAL (1) STUDENTS:

Your participation in high school activities is dependent on your eligibility. PROTECT that eligibility by reviewing with your parent(s)/guardian(s) this summary of the HomeTech Athletics Code of Conduct. Athletics programs contribute to the educational, emotional and social development of students. Since students are not required to participate in Athletics programs, the choice to participate in these programs is a privilege and students are required to follow the Code of Conduct to remain eligible to participate. Athletics activities are outside the regular school day and not a requirement of a course of instruction. Students who choose to participate in Athletics activities are expected to conduct themselves in a manner that reflects the values of the school and community they represent. In addition to the behavioral standards and disciplinary consequences applicable to all students in the school, each student desiring to participate in a Athletics activity must comply with the schools Athletics Code of Conduct.

PURPOSE OF INTERSCHOLASTIC ATHLETICS is to give students the opportunity to:

- develop organizational skills to balance Athletics activities and academics.
- learn new skills and improve existing ones.
- experience commitment and dedication to school, Athletics activities, sport, team & coach.
- develop physical vigor and desirable habits in health and safety.
- learn what it takes to be a good teammate.
- develop new friendships.
- observe and exemplify good sportsmanship.
- demonstrate truthfulness.
- be dependable in fulfilling obligations and commitments.
- accept responsibility for consequences of actions and not make excuses or blame others.
- strive to excel.
- persevere, give 100% effort and not give up in the face of setbacks.
- control anger and frustration and refrain from displays of temper and bad language.
- accept losing and winning graciously; to congratulate opponents, not sulk, or display other negative behaviors.
- realize that athletic competition and participation carries with it certain responsibilities.
- learn that a violation of this Code has a consequence - and this same sequence occurs throughout endeavors in life.

I understand that once I sign the eligibility statement all eligibility rules will apply. These expectations will apply from the first day of the school year or the start of the extra-curricular activity (including pre-season meetings, practices, camps, and school- sponsored activities) whichever comes first. This includes the activities scheduled prior to the start of the school year, through the end of the sport season and/or the end of the school year, whichever is longer in duration.

Student Signature ____________________________________________________________
(2) PARENTS:
The reason for developing the school’s Code of Conduct is not to punish those who break the rules. The Code of Conduct sets behavioral standards to assist youth in making good decisions. It also sets the clear and consistent boundaries for your son's/daughter's participation in Athletics.

REVIEW the following rules with your son or daughter. Your emphasis on the value of following these rules cannot be overstated.

(3) CHECKLIST FOR STUDENT’S ELIGIBILITY:
*For purposes of this section, “possess” shall be defined as having in one’s possession or control, e.g., on one’s person or in one’s physical control, or to have in one’s presence or close proximity to be used in an illegal activity.*

If you cannot check all items, see your Athletic Director or Principal.

☐ Making adequate academic progress toward graduation.
☐ Will not have turned 19 years old prior to June 15 before the start of their senior year.
☐ Physical exam on record prior to the start of the season.
☐ Will be enrolled in a minimum of four classes to be eligible for practices and competitions
☐ Have not transferred from another school within the past year.
☐ Will not compete in non-school athletic events in my sport after reporting for the school team.
☐ Will not use, possess, sell or distribute tobacco products;
☐ Will not use, possess, sell, distribute or be under the influence of alcoholic beverages, illegal drugs or performance enhancing substances (e.g. steroids), whether legal or illegal, look-alike drugs, or drug paraphernalia on school grounds, off school grounds, whether during sport season or out of sport season;
☐ Will not host or remain present at events, activities or locations where illegal distribution of alcohol, drugs or other performance-enhancing substances are present or used.
☐ Will not use, possess, or distribute firearms, weapons or explosive devices on school grounds or at school events;
☐ Will not engage in threatening, hazing activities, bullying, vandalism, harassment, or other personal misconduct, including, but not limited to, witnessing intimidation or harassment and conduct that involves police or court action.
☐ Students will not engage in cyber-bullying, participate in sending or creating inappropriate cyber images or be seen in an inappropriate cyber image.
☐ Any student failing to return or pay for lost or damaged Athletics equipment (uniforms, etc.) will be suspended from future participation until restitution is made.
☐ School principals will direct the development and implementation of any needed school regulations and/or forms to implement this procedure.
☐ I agree to fully cooperate in any investigation honestly and truthfully.

(4) Parent Responsibility
Parents and guardians are essential partners in maintaining a safe, educational and enjoyable experience for students. When present at the School’s events, including athletic games, practices, and activities, they are expected to model the kind of citizenship and sportsmanship that is expected and required of students. The following are among the School’s expectations for the parents of student athletes and Athletics participants.
(5) Parents/guardians:
- have knowledge, understanding and agreement about the Rules and Conduct/Standards included in this document.
- know the consequences for violations of those Rules and Conduct/Standards, and will assist in their enforcement.
- are supportive and encourage their children to demonstrate appropriate behavior while representing the District as student athletes and Athletics participants.
- hold their children accountable for their actions and guide them in making proper decisions regarding drugs, alcohol and tobacco.
- hold their children accountable for their actions and behaviors towards others ensuring that their son/daughter does not bully or harass others and that their son/daughter is not a bystander to this behavior.
- are knowledgeable about individual team rules and expectations and address concerns regarding their children’s program to the coach.
- are knowledgeable spectators, knowing the rules of the game and serving as role models for sportsmanship. They cheer our successes, and show understanding in the wake of defeat. They encourage the efforts of their children’s teams, and they respect the efforts of the opposing teams.
- adhere to state laws that prohibit smoking on school grounds or in school buildings.
- bring their concerns to the attention of the appropriate coach(es), including concerns about the mental and physical treatment of their children, ways to help their children improve, and their children’s behavior. They schedule meetings with coaches in order that their concerns may be discussed at appropriate times and places.
- demonstrate a respect for the privacy of all student athletes, and an understanding of the coaches’ responsibilities to all student athletes, by refraining from speaking with coaches about such issues as playing time, athletic ability, and team strategy, insofar as those subjects relate to student athletes other than their own child.

Parent/Guardian Signature

(6) INFORMED CONSENT:
By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Hepatitis B, herpes and others. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow proper conditioning programs, and inspect their own equipment daily.

(7) CODE VIOLATIONS:
Students will comply with all state and local laws as well as all school district policies and regulations. Students are required to comply with all Education Codes 24 hours a day, seven days a week in order to remain eligible for participation. Any student who chooses to participate in Athletics activities and who violates the Code of Conduct in any way may experience disciplinary consequences. Disciplinary consequences for violations of the Code of Conduct for Education Code offenses are as follows:

b) For violation of Education Code 48900 (a-t):
(a) (1) physical injury on another person
(2) Willfully used force or violence upon another person
(b) Possessed, used, sold or furnished alcohol or controlled substance
(c) Offered, arranged or negotiated the sale of a controlled substance
(d) Dangerous object
(e) Robbery or extortion
(f) Damage to school property or private property;
(g) Theft of school property or private property;
(h) Tobacco
(i) Profanity or vulgarity;
(j) Drug paraphernalia
(k) Disrupted school activities or defiance of school authority
(l) Possession of stolen school property or private property;
(m) Possessed an imitation firearm.
(n) Sexual assault
(o) Witness intimidation or harassment
(p) Negotiated the sale of the drug Soma;
(q) Hazing
(s) Aiding and/or abets, the infliction of physical injury to another person
(t) As used in this section, “school property” includes, but is not limited to, electronic files and databases: * More specific explanations of these codes can be found on the following website: http://www.leginfo.ca.gov

First Step: Automatic suspension from Athletics participation for no less than 20% of competitive season’s scheduled contests or Athletics performances/events (whichever is greater) from the first date of disciplinary action. The student is required to attend all meetings, sessions and practices and must participate in every group/team activity, but may not compete or perform.

Second Step: Automatic suspension from Athletics participation for no less than 50% of competitive season’s scheduled contests or Athletics performances/events (whichever is greater) from the first date of disciplinary action. The student is required to attend all meetings, sessions and practices and must participate in every group/team activity, but may not compete or perform.

Third Step: Automatic suspension from Athletics participation for the duration of the school year. The student will be placed on probation for the following year and a subsequent violation while on probation will result in the student being denied further co-curricular participation for the remainder of the school year.

● Students that provide a place or location for committing an illegal act will automatically move to the Second Step above.
● Students who self report their own code infraction will have the opportunity to receive a lesser penalty and/or reduced suspension.

Student Initials ___________ Parent/Guardian Initials ___________
**Bullying and Harassment Policy**

HomeTech Charter School believes that all students have a right to a safe and healthy school environment. The school and community have an obligation to promote mutual respect, tolerance, and acceptance.

Students will not engage in cyber-bullying, participate in sending or creating inappropriate cyber images or be seen in an inappropriate cyber image.

HomeTech Charter School will not tolerate behavior that infringes on the safety of any student. A student shall not intimidate or harass another student through words or actions. Such behavior includes: direct physical contact, such as hitting or shoving; verbal assaults, such as teasing or name-calling; and social isolation or manipulation. This includes cyber-bullying, threatening or harassing another student through any social networking site or electronic media device (i.e., texting, sexting, cyber imaging).

HomeTech Charter School expects students and/or staff to immediately report incidents of bullying to the principal or designee.

**FELONY VIOLATIONS:**

Commission of any felony criminal offense or any juvenile offense that would be a felony if the student were an adult. This section is also applicable 24 hours per day, seven days a week.

**First Step:** Suspension from Athletics participation for no less than 40 days of school from the first date of disciplinary action.

**Second Step:** Suspension from Athletics participation for the duration of the school year. The student will be placed on probation for the following year, and a subsequent violation while on probation will cause the student to be denied further co-curricular participation for the remainder of the school year.

**Student Initials __________**  **Parent/Guardian Initials __________**

**DUE PROCESS REVIEW:**

Students suspended from Athletics activities will be notified in writing by the principal or his/her designee of the suspension and the basis thereof, as soon as practical after the school becomes aware of the basis for the suspension.

Students shall be entitled to a conference with the principal/designee within two days of the notice referred to above. Unless otherwise directed by the principal/designee, the actual suspension shall not take place until said conference is held.

- If the student or his or her parent is not satisfied with the results of the conference referred to in paragraph B above, they may have the decision reviewed by the superintendent or his or her designee by making a request within five (5) school days of receiving the notification of the decision referred to in paragraph B above.
- If the student or his or her parent is not satisfied with the decision of the superintendent/designee, they may appear before the school board at a regular meeting (closed or open as requested by the parent).
• During the appeal process as noted above, the suspension from Athletics activities remains in effect pending the outcome of the appeal.
• The process provided for herein is intended to be informal in nature and shall in no way be intended to confer a right to appeal or hearing, other than as specifically provided for herein.

**AGREEMENT FOR COMPLETE DRUG AND ALCOHOL BAN:**
• Student athletes are expected to never use, possess, sell or be in the presence of and location of illegal alcohol or drugs as defined in Education Code 48900 at any time. These expectations will apply from the first day of the school year or the start of the extra-curricular activity (including pre-season meetings, practices, camps, and school-sponsored activities) whichever comes first. This includes the activities scheduled prior to the start of the school year, through the end of the sport season and/or the end of the school year, whichever is longer in duration.
• Additionally, athletes may not host or remain present at events, activities, or location where illegal distribution of alcohol, drugs, or other controlled substances are present and/or being used.
• If a student attends a party/gathering where alcohol or drugs are being consumed and/or illegally dispensed, the student must leave the party/gathering immediately – and take as many of your teammates with you as possible.
• The student must report their attendance to a coach or school administrator before the end of the next school day.
• Because possession and use of alcohol or drugs by youth is against the law, it is our intent to prevent any student from being in an environment which greatly increases the risk of danger and negative behaviors.
• Violations verified by a school or district employee and/or a law enforcement officer will require the disciplinary consequences described below:

**First Offense:** Automatic suspension from Athletics participation for no less than 20% of competitive scheduled contests or Athletics performances/events from the first date of disciplinary action. The student is required to attend all meetings, sessions and practices and must participate in every group/team activity, but may not compete or perform.

1 If the offense occurs at the end of the season, the penalty carries over to the next season sport until the full disciplinary consequence is fulfilled.

**Second Offense:** Automatic suspension from Athletics participation for no less than 50% of competitive scheduled contests or Athletics performances/events (whichever is greater) from the first date of disciplinary action. The student is required to attend all meetings, sessions and practices and must participate in every group/team activity, but may not compete or perform.

**Third Offense:** Automatic suspension from Athletics participation for the duration of the school year. The student will be placed on probation for the following year and a subsequent violation while on probation will result in the student being denied further Athletics participation for the remainder of the school year.
BAN ON USE OF ANDROGENIC/ANABOLIC STEROIDS:
Student athletes and their parents, legal guardians/caregivers 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. Student athletes and their parents, legal guardians/caregivers also recognize that under CIF bylaw 200.D, there could be penalties for false or fraudulent information. Student athletes and their parents, legal guardians/caregivers also understand that District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK:
● I understand and acknowledge that the activities of athletic teams, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
● I understand and acknowledge that some of the injuries/illnesses which may result from participating in activities include, but are not limited to, the following: Sprains/strains; fractured bones; unconsciousness; head and/or neck injuries; paralysis; loss of eyesight; communicable diseases; death.
● I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the district for course credit or for completion of graduation requirements.
● I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in these activities. ● I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and / or associated with preparing for and/or participating in this activity.
● I acknowledge that I have carefully read this PARTICIPATION AGREEMENT FOR CIF VOLUNTARY ACTIVITIES and that I understand and agree to its terms.

Student Initials __________

Parent/Guardian Initials __________
A FACT SHEET FOR
High School Parents

This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?
A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?
Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens’ chances of getting a concussion or other serious brain injury, you should:

• Help create a culture of safety for the team.
  ◦ Work with their coach to teach ways to lower the chances of getting a concussion.
  ◦ Emphasize the importance of reporting concussions and taking time to recover from one.
  ◦ Ensure that they follow their coach’s rules for safety and the rules of the sport.
  ◦ Tell your teens that you expect them to practice good sportsmanship at all times.

• When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no “concussion-proof” helmet. Even with a helmet, it is important for teens to avoid hits to the head.

How Can I Spot a Possible Concussion?
 Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents
• Appears dazed or stunned
• Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
• Moves clumsily
• Answers questions slowly
• Loses consciousness (even briefly)
• Shows mood, behavior, or personality changes
• Can’t recall events prior to or after a hit or fall

Symptoms Reported by Teens
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness, or double or blurry vision
• Bothered by light or noise
• Feeling sluggish, hazy, foggy, or groggy
• Confusion, or concentration or memory problems
• Just not “feeling right,” or “feeling down”

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren’t serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that it’s better to miss one game than the whole season.

GOOD TEAMMATES KNOW:
IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens’ healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.

What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen’s healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen’s school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen’s return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP

Revised January 2019
WHAT IS A CONCUSSION?
A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?
Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?
- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, dizzy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”
CONCUSSION DANGER SIGNS

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

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

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

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

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

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION L www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC’s Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).
CONCUSSION MANAGEMENT PLAN: Developed Around Centers for Disease Control guidelines

Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game, practice, or scrimmage and shall not return to play until cleared by an appropriate health-care professional. A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness to have suffered a concussion.

Common Symptoms of Concussion include: headache, fogginess, difficulty concentrating, easily confused, slowed thought processes, difficulty with memory, nausea, lack of energy, dizziness or poor balance, blurred vision, sensitive to light and sounds, mood changes, irritable, anxious or tearful.

CONCUSSION MANAGEMENT PLAN PROTOCOLS:

1. No athlete shall return to play (RTP) or practice on the same day of a diagnosed concussion by a licensed medical professional.

2. Any athlete suspected of having a concussion shall be evaluated by an appropriate licensed health care professional that day. If one is not available, the Coach shall make the determination.

3. Any athlete diagnosed with a concussion shall be medically cleared by a state licensed Medical Doctor or a Doctor of Osteopathic medicine, prior to resuming participation in any practice or competition.

4. After medical clearance, RTP should follow a step-wise protocol with provisions as determined by a Medical Doctor or a Doctor of Osteopathic medicine.

MEDICAL INSURANCE COVERAGE: Required

California law (Education Code Sections 32220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic athletic event, including cheerleaders, team mascots, band member, team managers, etc., to possess accidental bodily injury insurance providing at least $1500 of scheduled medical and hospital benefits. Students are not to engage in interscholastic athletic practice, games or associated activities until the pertinent parts of this certificate have been completed and filed with the assistant principal of their school. Please specify below the required insurance coverage that you have provided for your son/daughter/ward.

Parent Name: ________________________________

Student Name: ________________________________

Insurance Policy Carrier: (required) __________________________
Policy Number: (required) _______________________

Does your child have an IEP? Yes ☐ No ☐

PARENT AND STUDENT MUST SIGN AND RETURN TO SCHOOL prior to Athletics participation.

Parent/Guardian Signature ___________________________ Date _________

Student Signature ___________________________ Date _________

SUMMARY OF THE HOMETECH CHARTER SCHOOL
CODE OF CONDUCT

HomeTech Charter School has adopted the code of conduct for students and all those who participate in Athletics activities. This code of conduct models behavior that is safe, orderly, respectful, trustworthy and civil. Copies of the full text of these codes of conduct are given to all students in September and are available upon request to parents. Please review with your child or children.

These codes of conduct provide legal definitions as required by California. The student code of conduct explains in detail the behavioral expectations of the school community for its students. It provides a list of student rights and responsibilities and describes the procedures that are available to students who are accused of violating the code of conduct. The Code of Conduct also describes the range of permissible school responses to any student violation.

Student Rights

Students are entitled to: pursue their education in an atmosphere that is safe and conducive to learning - free from bullying, intimidation and any form of harassment or threats; a course of study that responds to their educational needs; respect from all members of the school community; procedural due process provided by law; freedom of speech and expression that does not disrupt the educational process or infringe upon the rights of others; freedom from discrimination; a clear description of the rules that apply to them in school; and freedom from unreasonable search and seizure. Students with special needs are entitled to have their educational needs and behavior evaluated on the basis of those needs.

Student Responsibilities

Student responsibilities include: demonstrating self-respect and respect for others; working to achieve their full potential; following school rules and the directions of school staff, faculty and administration; fulfilling all educational assignments and obligations; demonstrating respect for school property and for the property of others; modeling good conduct; presenting themselves clothing that is safe and suitable for school activities and does not disrupt the education process; financial responsibility for books, tools, computers, locks and any other school property or equipment provided to them. In addition, all students are required to attend one of the annual Athlete Committed Meeting offered at the start of each athletic season (fall, winter and spring).
Prohibited Behavior

The behavior prohibited by the student code of conduct includes: disorderly and disruptive conduct; insubordination; truancy; violent or threatening behavior; possession or use of alcohol or illegal substances; in the presence of alcohol or illegal substances; possession of drug paraphernalia; possession or use of a weapon or dangerous object; destruction of property; theft of school or private property; harassment or bullying of other students; use of tobacco products.

Academic Eligibility

In order to remain eligible for Athletics activities students must maintain a minimum 2.0 GPA, and no F’s prior to their season of sport. Additionally, they must have earned a minimum of 20 credits in the preceding semester.

Reporting Violations

All members of the school community have a duty to report activity that threatens student safety. Anyone observing or hearing of a person possessing a weapon, alcohol, or illegal substance shall report this information to a teacher or administrator immediately, without exception. All other violations should be reported to a teacher or administrator as soon as possible.

School Response to Violations

There is a wide range of school responses that are permitted when students violate the code of conduct. These range from verbal warnings to suspension. In all cases where a student is accused of a violation of the code of conduct, s/he is entitled to notice of the violation and an opportunity to explain. The code of conduct provides for teacher removal of students from classrooms under certain circumstances. School policy includes provisions for consideration of special needs students.

Any student who is determined to be a threat to the health and safety of students or staff may be removed from school pending completion of the discipline process. Bringing a weapon to school, committing a violent act, making threats to another, or possession or use of drugs or illegal substances can lead to immediate suspension and removal for up to one year. Any compulsory age student year. Any compulsory age student is entitled to an alternate form of instruction if they are removed or suspended from their instructional program.

Corporal Punishment

Corporal punishment (use of physical force as discipline) is strictly prohibited. Reasonable physical force may be used by a staff member to restrain a student when that student presents a danger to self, others or property.

Searches

School property may be searched at any time and for any reason by school officials. Students and their property may be searched upon reasonable suspicion that contraband or a weapon is
present.

**Code of Conduct for All Individuals On School Property**

All of those who use or occupy school property or premises under the control of the school are expected to model safe, lawful, respectful and civil behavior. This includes parents, staff, members of the Board of Directors and all visitors to school. Those in violation of the following code of conduct will be asked to leave school premises; or may be subject to action by law enforcement agencies. Employees of the school district may be subject to applicable employee disciplinary proceedings.

**Crimes on School Property**

If there is reason to believe that a crime has been committed on school property or at a school sponsored function, law enforcement officials will be notified immediately.

**Public Participation**

Members of the school community are invited to submit comments and questions about the code of conduct to the building principals and/or the Superintendent.

I have read and understand the HomeTech Charter School Student Code of Conduct for Athletics activities and recognize that a violation will result in the consequences as stated.

By signing this document I, the parent/guardian, indicate that I have **knowledge, understanding and agreement** to these standards set forth, in order for (my son/daughter) to be afforded the privilege of representing HomeTech High School as a student. I am also aware that any violation on the part of my child, to any of these standards, shall result in consequences contained within this policy.

Parent/Guardian Signature ___________________________ Date ___________

Student Signature ___________________________ Date ___________
Parent Consent Form

Parents Name: ______________________________________________________________

Students Name: ______________________________________________________________

Event Name: _____ Varies from 8/14/23 to 12/1/23 ____________________________

Event Date(s): _____ Varies from 8/14/23 to 12/1/23 ____________________________

Event Location: ____ Varies from 8/14/23 to 12/1/23 ____________________________

Estimated time of departure and return: TRANSPORTATION IS NOT PROVIDED BY THE SCHOOL UNLESS PREVIOUSLY ARRANGED AND AGREED UPON WITH THE COACH. STUDENTS SHOULD ARRIVE NO LATER THAN 30 MINUTES BEFORE GAME/EVENT TIME.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians or dentists and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that I will be responsible for payment for any services, including ambulance or emergency transportation, that may be considered necessary in the best judgment of emergency personnel and/or attending physicians or dentists.

1. ☐ Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.

2. All medication must be registered on this form with a physician's written instructions on dispensing:
______________________________________________________________________________
______________________________________________________________________________

3. All prescriptions, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

If your son or daughter has a special medical problem, kindly attach a description of the problem to this sheet. Return this slip by: ________________________________

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. If this student does not abide by the rules and regulations of this event, patents will be contacted and will be responsible to provide/or pay for transportation home immediately.

It is up to the parents/or guardian to determine how the student will get to and from the event.

Parent/Guardian Signature: ________________________________

Parent/Guardian Phone Number: ________________________________
Health Insurance Company/Policy #:_________________________________________

Special Medical Problems/Needs of the Student:______________________________
______________________________________________________________________

WAIVER AND HOLD HARMLESS

Every effort is made to provide participants with a safe, enjoyable, and memorable experience. I attest and verify that my child is physically able to participate in all activities offered at HomeTech Charter School. I understand, however, that there are inherent risks in all sports activities and travel to and from the site, and, knowing the risks, nevertheless, I agree to ASSUME ALL RISKS OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGE TO PERSON OR PROPERTY OR DEATH, sustained while my child participates in, attends, prepares for or travels to and from(see attached schedule) including the risk of negligence of the HomeTech staff, or hidden, latent or obvious defects in the facilities or equipment used.

I agree if any claim for personal injury or wrongful death is commenced against HomeTech Charter School (including its officers, directors, members and/or volunteers), I will defend, indemnify and hold harmless HomeTech Charter School from any and all claims or causes of action for personal injuries, property damage or wrongful death that hereafter accrue, arise out of, result from, or are caused directly or indirectly by my child’s attendance at HomeTech sports activities.

I have read and I understand this Waiver and Hold Harmless provision.

Parent/Guardian Name (print) ___________________________________________

Parent/Guardian Signature ___________________________ Date ______

Address __________________________________________________________________

City, State Zip __________________________

➢ HomeTech Charter does not provide transportation unless previously arranged and agreed upon with the Coach
➢ It is up to the parents/or guardian to determine how the student will get to and from the event
**PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)**

**PHYSICAL EXAMINATION FORM**

Name: __________________________ Date of birth: __________________________

**PHYSICIAN REMINDERS**

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (G4-G13 of History Form).

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**EXAMINATION**

<table>
<thead>
<tr>
<th>Weight:</th>
<th>BP:</th>
<th>Pulse:</th>
<th>Covered Vision:</th>
<th>Corrected:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>R 20/</td>
<td>L 20/</td>
</tr>
</tbody>
</table>

**COVID-19 VACCINE**

- Previously received COVID-19 vaccine: □ Y □ N
- Administered COVID-19 vaccine at this visit: □ Y □ N
  - If yes: □ First dose □ Second dose

**MEDICAL**

<table>
<thead>
<tr>
<th>Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marfan stigma (Kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlordosis, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes, ears, nose, and throat</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupil equal</td>
<td>Hearing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Heart*</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurological</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GHUCOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Neck</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Back</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shoulder and arm</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Elbow and forearm</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wrist, hand, and fingers</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hip and thigh</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Knee</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Leg and ankle</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Foot and toes</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

**Functional**

- Double-leg squat test, single-leg squat test, and box drop or step drop test

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* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of these.

Name of health care professional (print or type): __________________________

Address: __________________________ Phone: __________________________

Signature of health care professional: __________________________

MEDICAL ELIGIBILITY FORM

Name: ___________________________ Date of birth: ___________________________

☐ Medically eligible for all sports without restriction
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation
☐ Not medically eligible for any sports
Recommendations: __________________________________________________________

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): ___________________________ Date: ___________________________
Address: _________________________________________________________________ Phone: ___________________________
Signature of health care professional: ________________________________________ MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _________________________________________________________________

Medications: _____________________________________________________________

Other information: _________________________________________________________

Emergency contacts: _______________________________________________________