



SADDLEBACK HIGH SCHOOL

The College Majors School

Main Office 714-569-6300

Athletic Director 714-569-6388

Website: www.sausd.us/saddleback

Sports Schedules: www.highschoolsports.net (Search 'Saddleback')

Indicate Sport(s)/Activity:

NAME: _____

ID NUMBER: _____ GRADE: _____ SCHOOL YEAR: _____

ATHLETIC CHECKLIST

The following items must be completed and signed by athlete and/or parent for eligibility to practice and compete for any Saddleback athletic team.

Student Check <input checked="" type="checkbox"/>	AD/Coach Check <input checked="" type="checkbox"/>	Items
		Physical Form --Completed, signed and dated by your doctor (must be a M.D.) --Physical is good for ONE year, but a copy must be attached every year (i.e., if you get a physical in Spring 2012, it is valid until Spring 2013, but you must turn in a copy of this with your new packet for the 2013 school year)
		Insurance Form --Must be completed and signed by parents --You may purchase school insurance (through Student Insurance Agency) if you do not have your own. Brochures are in the locker rooms, front office or online on the school website.
		Concussion Information Sheet Signed by parent/guardian and athlete
		Athlete's Code of Ethics Signed by parent/guardian and athlete
		Anabolic Steroid Form Signed by parent/guardian and athlete
		Athletic Policy Review and keep for your records.
		Athletic Policy & Equipment Contract Signed by parent/guardian and athlete
		Personal Contact Information Sheet --Must be fully filled out (top and bottom) --Please update during school year if necessary.
		Roadrunner Athletics Fundraiser Athletes who donate \$50.00 to the Saddleback Athletic program will receive a free ASB sticker (valued at over \$100 in savings).
		Grade Check --Last grading period, except freshmen during the first 6 weeks of school --You must maintain a 2.0 grade point average (GPA) throughout the season to remain eligible
		Athletic Dept. Clearance You must turn in any equipment, uniforms and money for lost or damaged equipment/uniforms prior to the end of the season.

For Athletic Dept. Only:

Received By: _____ Date: _____ Date Physical Expires: _____

Santa Ana Unified School District
SPORTS PHYSICAL SCREENING EVALUATION FORM

Name: _____
 Student ID #: _____ Grade: _____ Date of Birth: _____
 Address: _____ City: _____ Zip: _____
 Home Phone #: _____ Sport(s)/Activity: _____

1. I hereby give my consent for the above named student (son, daughter, ward) to compete in sports and to go with a representative of the school on any trips. We understand that while the risk of serious injury is low, a serious injury or death can occur as a result of athletic participation.

Signature of Parent/Guardian _____ **Date** _____

2. I hereby give my permission for a screening evaluation.

Signature of Parent/Guardian _____ **Date** _____

HEALTH HISTORY: To be completed by parents BEFORE physician screening.

	YES	NO		YES	NO
Head Injury/Concussion	_____	_____	Bone/joint disorders (broken bones, dislocations, trick joints, arthritis)	_____	_____
Eye/Ear Problems	_____	_____	Heart trouble, rheumatic fever	_____	_____
Disease/Surgery	_____	_____	Anemia, leukemia, bleeding disorders	_____	_____
Dizzy spells, fainting or convulsions	_____	_____	Ulcers, stomach trouble	_____	_____
Tuberculosis, asthma, bronchitis	_____	_____	Hernia	_____	_____
Diabetes, hepatitis, jaundice	_____	_____	Taking medication regularly	_____	_____
Allergies	_____	_____			

If answered YES above, give details: _____

FITNESS ASSESSMENT

	WEAKNESS / SATISFACTORY		WEAKNESS / SATISFACTORY
Lower body flexibility	_____	Upper body flexibility	_____
Adductor/abductor flex.	_____	Ballistic speed	_____
Upper body strength	_____	Lower body strength	_____
Cardio vascular assessment	_____		
Past athletic injury (last 12 months) treated by trainer:	_____		

Athletic Trainer's Signature _____ Date _____

PHYSICAL EXAMINATION FORM: To be completed by a Physician.

Height: _____ Weight: _____ Heart Rate: _____ Blood Pressure: _____
 Eye Chart: R _____ L _____ Glasses/Contacts _____

HEENT	_____	HEART	_____
BRACES/TEETH	_____	LUNGS	_____
BACK	_____	ABDOMEN	_____
EXTREMITIES	_____	HERNIA	_____

_____ **NO RESTRICTION for athletic participation**

OR

_____ **RESTRICTED PARTICIPATION to** _____

Physician's signature: _____ Date: _____

Printed Physician's Name and Address: _____

ATHLETIC INSURANCE CERTIFICATE

Pupil's Last Name First Name Middle Initial School Grade

**THIS FORM MUST BE ON FILE WITH THE SCHOOL OF ATTENDANCE FOR VERIFICATION OF ELIGIBILITY
PRIOR TO PARTICIPATION IN ANY ATHLETIC EVENT**

NOTE: The California Education Code requires that every student have \$1,500 accidental medical insurance in order to participate in Athletics (Education Code 32220-24)

SECTION I: If you have your own insurance coverage, please complete this section.

My medical coverage insurance policy is for at least \$1,500 and is issued by:

Name of Insurance Company: _____

Policy Number: _____

I further assure that the insurance policy or policies I hereby verify will remain current and in force during the time the above named student performs any function within the scope of Education Code Sections 32220-24 and 35330-31 during the current school year.

As I do not have medical insurance coverage as defined in Education Code Sections 32220-24 and 35330-31, I have purchased accident insurance per the attached application.

I have checked for accident insurance as indicated below in order to meet the requirements of the California law (check the appropriate response(s)).

- _____ Tackle Football Insurance (Covers tackle football only)
- _____ School Time Insurance (Covers sports other than football)
- _____ Full Time Insurance (Covers sports other than football)

Name of Insurance Company: _____

Policy Number: _____

SECTION II: INDEMNIFICATION

I agree to indemnify and hold the Santa Ana Unified School District harmless against responsibility for insurance coverage required under the aforementioned Education Code Sections. By signing this statement, I agree to accept responsibility for all medical costs incurred by the above named pupil while participating in the school athletic program.

YOUR ATTENTION IS DIRECTED TO THE FACT THAT MANY INSURANCE POLICIES EXCLUDE TACKLE FOOTBALL.

PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.

SECTION III: MEDICAL AUTHORIZATION

I the undersigned being the parent or legal guardian of _____, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide, principal, or any member of the Santa Ana Board of Education. Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary, permission is hereby extended to the above parties to grant the same.

Additionally, I agree to hold harmless such personnel and the Santa Ana Board of Education by my action of granting said permission.

SECTION IV: COMPETITIVE ATHLETIC PARTICIPATION WARNING

Participation in competitive athletics may result in severe injury, including paralysis, or death. Changes in rules, improved conditioning programs, better medical coverage, and improvements in equipment have reduced these risks BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURRENCES FROM ATHLETICS.

Players can reduce the change of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY. EVEN IF ALL THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS USING EXCELLENT PROTECTIVE EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN ATHLETICS BY _____, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.

Signature of Student Athlete

Signature of Father/Guardian

Signature of Mother/Guardian

I declare under penalty of perjury that the above is true and correct.

Date

Signature of Parent or Guardian

Printed Name

Address

Phone Number

For further information, please contact your school Athletic Director.

Saddleback 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 in 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

Saddleback 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 it's 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

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

Saddleback High School

Concussion Information Sheet

Una concusión es una herida cerebral y todas las heridas cerebrales son graves. Dichas heridas son causadas por un golpe ligero, un golpe fuerte a la cabeza, un movimiento repentino de la cabeza o por un golpe fuerte a otra parte del cuerpo con fuerza que se trasmite a la cabeza. Las heridas varían entre ligeras o graves y pueden interrumpir la manera en la que el cerebro funciona. Aunque la mayoría de las concusiones cerebrales son ligeras, **todas las concusiones cerebrales tienen el potencial de ser graves y si no se reconocen y tratan correctamente podrían tener como resultado complicaciones incluyendo daño cerebral prolongado o la muerte.** Eso quiere decir que cualquier “golpecito” a la cabeza podría ser grave. Las concusiones cerebrales no son visibles y en su mayoría las concusiones cerebrales que ocurren durante los deportes no ocasionan la pérdida de conciencia. Las señales y síntomas de una concusión cerebral podrían aparecer inmediatamente después de una herida o después de horas o días. Si su hijo(a) reporta cualquier síntoma de una concusión cerebral, o si se da cuenta de los síntomas de una concusión cerebral, por favor consiga atención médica sin demora.

Los siguientes son algunos de los síntomas de una concusión:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Dolor de cabeza • “Presión en la cabeza” • Náusea o vómito • Dolor de cuello • Problemas de equilibrio o mareos • Visión borrosa o visión doble • Sensibilidad a la luz o ruido • Decaído • Adormecido • Mareado • Cambios en los hábitos de dormir | <ul style="list-style-type: none"> • Amnesia • “No se siente bien” • Fatiga o energía baja • Tristeza • Nervios o ansiedad • Irritabilidad • Más sensible • Confundido • Problemas con concentración o memoria (por ejemplo: olvidar las jugadas) • Repetir la misma pregunta o comentario |
|---|--|

Los siguientes síntomas son observados por compañeros, padres y entrenadores:

- Parece desorientado
- Tiene una expresión facial vacía
- Está confundido acerca de la tarea o actividad
- Se olvida de las jugadas
- Está confundido sobre el juego, los puntos o el oponente
- Se mueve torpemente o muestra una falta de coordinación
- Contesta las preguntas lentamente
- Arrastra las palabras
- Muestra cambios de comportamiento o personalidad
- No puede recordar los eventos que sucedieron antes de la colisión
- No puede recordar los eventos que sucedieron después de la colisión
- Ataques o convulsiones
- Cualquier cambio en el comportamiento típico o personalidad
- Pérdida de la conciencia

Saddleback High School

Concussion Information Sheet

¿Qué puede pasar si mi hijo(a) sigue jugando con una concusión cerebral o regresa a jugar antes de que este recuperado?

Los deportistas con señales o síntomas de una concusión cerebral deben dejar de jugar inmediatamente. Continuar jugando con las señales o síntomas de una concusión pone al deportista en riesgo de sufrir una herida más grave. La probabilidad de que se sufra daño significativo de una concusión aumenta cuando ha pasado un periodo de tiempo largo después de que sucedió la concusión, sobre todo si el deportista sufre otra concusión antes de recuperarse completamente de la primera. Eso puede traer como consecuencia una recuperación más prolongada o incluso una hinchazón cerebral (síndrome de segundo impacto) con consecuencias devastadoras o fatales. Es bien conocido que los deportistas adolescentes no reportan mucho los síntomas de sus heridas. Eso es el caso también con las concusiones cerebrales. Por lo mismo es importante que los administradores, entrenadores, padres y estudiantes estén bien informados, el cual es clave para la seguridad de los estudiantes deportistas.

Si cree que su hijo(a) ha sufrido una concusión

En cualquier situación donde se sospecha que un deportista tiene una concusión, es importante sacar a este estudiante del juego o entrenamiento inmediatamente. Ningún deportista puede volver a participar en la actividad después de sufrir una herida de cabeza o concusión cerebral sin el permiso de un doctor, no importa si la herida parece ser ligera o los síntomas desaparecen rápidamente. Se debe de observar cuidadosamente el mejoramiento del deportista por varias horas. El nuevo estatuto 313 de la Federación Interescolar de California (CIF por sus siglas en inglés) requiere la implementación de las siguientes normas para regresar a jugar un deporte después de sufrir una concusión, las cuales se han recomendado por muchos años:

“Cuando se sospeche que un estudiante deportista ha sufrido una concusión o herida de cabeza en un entrenamiento o juego, a este estudiante deportista se le debe sacar de la competencia en ese momento y por el resto del día”.

Y

“A un estudiante deportista que se le ha sacado del juego no podrá volver a jugar hasta que le evalúe un doctor licenciado con capacitación en la evaluación y manejo de las concusiones y hasta que se reciba un permiso por escrito para volver a jugar de dicho doctor”.

También debe informar al entrenador(a) de su hijo(a) si piensa que ha sufrido una concusión cerebral. Recuerde que es mejor faltar un partido que faltar toda la temporada. Si existe alguna duda de que el deportista sufrió una concusión cerebral o no, se tomará precauciones y no podrá jugar.

Si desea información actual acerca de las concusiones cerebrales por favor visiten el sitio en Internet:

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

Nombre del estudiante deportista

Firma del estudiante deportista

Fecha

Nombre del padre, madre o tutor

Firma del padre, madre o tutor

Fecha

Adaptado del Centro de Control de Enfermedades y el documento de la 3ª conferencia internacional sobre las concusiones deportivas escrito el 5/20/2010

ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, 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.

Printed Athlete's Name

Date

Athlete Signature

Parent Signature

Date

A copy of this form must be kept on file in the Athletic Director's Office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section Office.

SADDLEBACK HIGH SCHOOL ATHLETICS CONTACT INFORMATION

Athlete Contact Information				
Last Name		First Name		Middle Initial
Student ID. #	Grade	Date of Birth	Sport	
Address				
City		State	Zip Code	
Parent/Guardian Name		Phone Number		
Address				

Emergency Contact Other Than Parent

Primary Contact Name & Relationship	Primary Contact Phone Number
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To Whom It May Concern:

I THE UNDERSIGNED BEING THE PARENT OR LEGAL GUARDIAN OF _____ DO HEREBY GRANT TO ANY HOSPITAL, EMERGENCY CENTER, DOCTOR, NURSE, AND/OR PARAMEDIC. AUTHORIZATION TO GRANT TREATMENT TO MY CHILD, WHEN ACCOMPANIED BY OR ESCORTED TO THE TREATING FACILITY BY A COACH, PRINCIPAL, OR ANY MEMBER OF THE SANTA ANA BOARD OF EDUCATION. FURTHER, SHOULD THE ATTENDING PHYSICIAN DETERMINE AFTER EXAMINATION THAT LIFE SAVING SURGERY OR OTHER LIFE SAVING PROCEDURES MAY BE NECESSARY, PERMISSION IS HEREBY EXTENDED TO THE ABOVE PARTIES TO GRANT THE SAME. ADDITIONALLY, I AGREE TO HOLD HARMLESS SUCH PERSONNEL, AND THE SANTA ANA BOARD OF EDUCATION BY MY ACTION OF GRANTING SAID PERMISSION.

Athlete Contact Information				
Last Name		First Name		Middle Initial
Student ID. #	Grade	Date of Birth	Sport	
Address				
City		State	Zip Code	
Parent/Guardian Name		Phone Number		
Address				

Emergency Contact Other Than Parent

Primary Contact Name & Relationship	Primary Contact Phone Number
-------------------------------------	------------------------------

To Whom It May Concern:

I THE UNDERSIGNED BEING THE PARENT OR LEGAL GUARDIAN OF _____ DO HEREBY GRANT TO ANY HOSPITAL, EMERGENCY CENTER, DOCTOR, NURSE, AND/OR PARAMEDIC. AUTHORIZATION TO GRANT TREATMENT TO MY CHILD, WHEN ACCOMPANIED BY OR ESCORTED TO THE TREATING FACILITY BY A COACH, PRINCIPAL, OR ANY MEMBER OF THE SANTA ANA BOARD OF EDUCATION. FURTHER, SHOULD THE ATTENDING PHYSICIAN DETERMINE AFTER EXAMINATION THAT LIFE SAVING SURGERY OR OTHER LIFE SAVING PROCEDURES MAY BE NECESSARY, PERMISSION IS HEREBY EXTENDED TO THE ABOVE PARTIES TO GRANT THE SAME. ADDITIONALLY, I AGREE TO HOLD HARMLESS SUCH PERSONNEL, AND THE SANTA ANA BOARD OF EDUCATION BY MY ACTION OF GRANTING SAID PERMISSION.



Santa Ana Unified School District

Thelma Meléndez de Santa Ana, Ph.D., Superintendent

Anabolic Steroid Form

Print Name of Student-Athlete

As a condition of membership in the California Interscholastic Federation (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 (Article 525).

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 By-Law 200 D, there could be penalties for false or fraudulent information. We also understand that the Santa Ana Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Athlete Signature

Date

Parent/Guardian Signature

Date

(BP 5131.63)

1601 East Chestnut Avenue, Santa Ana, CA 92701-6322, (714) 558-5501

BOARD OF EDUCATION

Rob Richardson, President • José Alfredo Hernández, J.D., Vice President
Audrey Yamagata-Noji, Ph.D., Clerk • John Palacio, Member • Roman A. Reyna, Member



Santa Ana Unified School District

Thelma Meléndez de Santa Ana, Ph.D., Superintendent

Nombre del alumno-atleta en letra de molde

Como una condición para pertenecer a la Federación Interescolástica de California (CIF), todas las escuelas adoptarán normas que prohíban el uso y abuso de esteroides androgénicos o anabólicos. Todas las escuelas participantes se asegurarán de que todos los alumnos participantes y sus padres o tutores legales accedan a que el atleta no usará esteroides sin la receta por escrito de un médico titulado (reconocido por la AMA) para dar tratamiento a una condición médica (Artículo 524).

Al firmar a continuación, el alumno-atleta participante y los padres o tutores legales acceden a que el alumno no usará esteroides androgénicos o anabólicos sin la receta por escrito de un médico titulado (reconocido por la AMA) para dar tratamiento a una condición médica. También reconocemos que, según el Reglamento 200 D de CIF, puede haber castigos por proporcionar información falsa o fraudulenta. También entendemos que se hará valer la norma del Distrito Escolar Unificado de Santa Ana sobre el uso de drogas ilegales en cualquier infracción a estas reglas.

Firma del atleta

Fecha

Firma de padre o tutor

Fecha

(BP 5131.63)

1601 East Chestnut Avenue, Santa Ana, CA 92701-6322, (714) 558-5501

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SADDLEBACK HIGH SCHOOL ATHLETIC POLICY

STATEMENT OF PHILOSOPHY

The Santa Ana Unified School District recognizes the educational value of the interscholastic athletic program as it relates to the physical, intellectual, and emotional development of its students. The athletic program serves to complement and enhance the academic program by providing an opportunity for students to become more responsible citizens in their home and community above and beyond the athletic field and home campus. Believing that opportunities for a broad base of experience is basic in the program of instruction and activities at the high school level, athletics provides recognition and achievement which would perhaps not be possible elsewhere in school life. Athletics means more than competition between individual or teams. Athletics is the means of teaching a way of life. It teaches fair play, sportsmanship, appreciation of team work, tolerance, and that hard work eventually brings success.

Saddleback High School is a member of the California Interscholastic Federation and the Orange League. We operate our athletic program under the guidance and direction of these organizations. At all times the league is in line with the rules of CIF, but never in conflict and never more lenient.

REQUIREMENTS FOR ENTERING COMPETITIVE ATHLETICS

All athletes must have a physical exam and submit the properly completed form. Athlete must meet eligibility criteria set by CIF and the Santa Ana Unified School District (see below for eligibility specifics). Athlete must submit completed and signed Athletic Eligibility Application. Athlete must purchase CIF approved insurance or have parents/guardian verify and sign a Declaration of Insurance form stating current policy number and company name (supplemental tackle football coverage is available). Athlete must have approval of Coach/Athletic Director.

Although there are no fees associated with participating in athletics, we encourage all athletes to make a donation to Saddleback Athletics. If you make a \$50 donation during Roadrunner Return, you'll receive a free ASB sticker (valued at over \$100 in savings).

ACADEMIC ELIGIBILITY FOR ATHLETES

Any student coming from the eighth grade and accepted into a four year high school is scholastically eligible for the first grading period. All students in the Santa Ana Unified School Districts extracurricular program must maintain a 2.0 GPA to be eligible.

Eligibility includes passing grades in four subjects (or the equivalent of 20 semester units) of new work the previous grading period, while maintaining his/her 2.0. One of the subjects may be a Physical Education or Athletics. New work means subjects in which passing grades have not previously been earned.

There will be one probationary eligibility period permitted at the high school level each year. Probation can be put into effect only once for the first grading period that immediately follows the grading period in which the athlete failed to maintain a 2.0 GPA during his/her season of sport. The student must petition for granting of conditional eligibility. Probation will not be granted to a student who did not meet the CIF minimum requirement of passing at least 20 semester units of new work. Eligibility is checked every 6 week grading period. Any student who falls below a 2.0 GPA for two consecutive grading periods may be removed from competitive athletics.

SCHOOL EQUIPMENT

The athlete is financially responsible for all equipment issued to him/her. The athlete must treat all equipment as though it was their personal property by taking care of it and keeping it locked when not in use. The equipment is to be used only when it represents the school; it is not for personal use. An athlete who fails to return in all equipment will be assessed a charge on their ASB account and will not be permitted to go out for another sport until the replacement fee has been paid. EQUIPMENT MUST BE TURNED IN AFTER THE LAST SCHEDULED GAME OR THE FOLLOWING DAY AT THE LATEST. We will be responsible for the cleaning of equipment once it is returned.

TRANSPORTATION

The usual means of transportation is by school bus. Occasionally other means of transportation will be authorized but only as an emergency, and only when specifically approved in advance. All athletes must travel to and from contests by school bus or other authorized means of travel. Failure to do so can result in the athlete being prohibited from competing. Behavior on the bus during trips should be such that it reflects favorably on Saddleback. Improper conduct will result in disciplinary action being taken by the coach.

TEAM POLICY

Rules, regulations, and discipline for each sport are left to the discretion of the head coach. The athlete will be expected to comply with all policies as described by his/her coach and will be responsible for him/her all times.

RULES OF CITIZENSHIP

Exemplary conduct is expected of Saddleback athletes at all times. This includes during competition, practice, travel to and from competition, and any time an athlete is on campus or at any school sponsored activity. The athlete must adhere to school community laws and have respect for individuals and property. The athlete should have respect for scholarship and academic achievement. The athlete should learn to subordinate self interest in favor of team values. The athlete should practice self discipline and personal sacrifice in order to attain team goals.

ACTIVITY SUSPENSION/TEAM DROP POLICY

1. Absence from practice or contest without a legitimate excuse; truancy.
2. Excessive absences and tardies.
3. Suspension from school for other than athletic reasons.
4. Failure to maintain required academic standards; scholastic ineligibility or academic dishonesty.
5. Violation of CIF or District rules governing eligibility (i.e. competing during season in the same sport outside of school).
6. Serious infractions of team or school rules.
7. Disciplinary action.

An athlete who must drop a sport for reasons beyond his/her control may consult with the coach and drop with no academic penalty. An athlete who drops or is dropped from a team after the final cut has been made will forfeit the opportunity to participate in the athlete's next season of sport until the current season is completed.

WE URGE PARENTAL SUPPORT of our interscholastic athletic program at Saddleback High School and hope you will be able to attend many of our contests this year. Please feel free to contact us at the following numbers regarding your son or daughters welfare:

Athletic Director – Rob Thompson	(714) 569-6388
Athletic Department	(714) 569-6321
Main Office	(714) 569-6300
View Schedules	http://www.highschoolsports.net (Type 'Saddleback' in Search)

After having read all the above thoroughly, please be sure to complete and sign the Verification Saddleback High School Athletic Policy and make sure your son/daughter turns it into the Saddleback Athletic Department.

SPORTS OFFERED

Fall: August – November

Football
Boys Water Polo
Girls Volleyball
Girls Tennis
Co-ed Cross Country

Winter: November - February

Boys/Girls Basketball
Boys/Girls Soccer
Girls Water Polo
Wrestling

Spring: February - May

Baseball
Softball
Boys Tennis
Co-ed Swimming
Co-ed Track
Boys Volleyball

CATCH THE ROADRUNNER SPIRIT!!



PARENT/STUDENT VERIFICATION OF SADDLEBACK ATHLETIC POLICY

We have read and fully understand the information outlined in the Saddleback Athletic Policy and agree to comply with the stated regulation and responsibilities therein. Signatures acknowledge our understanding that:

1. Athlete must obtain a physical from his/her own family doctor or any licensed M.D.
2. Physical packets are required to participate in physical activity.
3. Physicals will expire after one calendar year.

Print Athlete Name

ID Number

Grade

Athlete Signature

Print Parent/Guardian Name

Parent/Guardian Signature

Today's Date

PARENT/STUDENT SADDLEBACK ATHLETICS EQUIPMENT CONTRACT

Due to the severe money shortage in the Santa Ana Unified School District we had to put in effect the following procedures:

On the day of the last event/game of your sport season, you must turn in all equipment lent to you during the season. If you have lost this equipment, you must see the Athletic Dept. on or before the last day of the season to pay for those lost item(s). If your team purchased its own uniforms/equipment, all your debts must be paid to the appropriate person. This is your responsibility and until all equipment is returned, you will be excluded from participating in your next sport or from receiving any awards. For Seniors, the penalty can include the holding of diplomas.

I acknowledge that I, the athlete, am responsible for any equipment and/or uniforms borrowed from the Athletics Department.

Athlete Name

Today's Date

Parent/Guardian Signature