

FOOTHILLS CHRISTIAN HIGH SCHOOL



Athletic Handbook for Parents/Guardians and Students

Principal: Tom Edelen
Athletic Director: Tim Griggs

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Dear Parents/Guardians and Student Athletes,

This handbook is provided for you to communicate the Values, Vision, Mission, Message, and Goals of the Foothills Christian High School (FCHS) Sports Program in addition to notating the rights and responsibilities of all those participating in sports contests from FCHS. The cooperation between the athlete, his or her parents, and coach are all equally important for a productive season. Our ultimate goal is to have an athletic program that honors and glorifies God, with student-athletes and coaches who live Christ-centered lives. Please review all materials together and sign the required forms stating your understanding and commitment to comply with the enclosed guidelines. For questions or if clarification is desired, please do not hesitate to call upon the FCHS Athletic Department and its Athletic Director.

We hope you have a great season.

Sincerely,

FCHS Athletic Department

INTRODUCTION:

Athletics at Foothills Christian High School (FCHS) is not a separate entity, nor are any of the individual sports programs. Athletics is an important part of the overall education our students receive. Athletics is a vehicle for character development, discipline, leadership development, and it teaches many other valuable life lessons. To that end athletes are a part of a team effort and must endorse and promote the values, vision, mission, and message (VVMM) of our parent organizations, FCHS and Foothills Christian Church. This handbook lays out the VVMM of FCHS and the policies of the Athletic Department. Should you encounter situations not specifically addressed herein and cannot contact the team Coach, please feel free to contact the Athletic Director.

VALUES: EIGHT FOUNDATIONAL PRINCIPLES UPON WHICH WE AGREE

1. **Truth:** Diligently discovering God's unchanging revelation about His Kingdom (Romans 1:20, 25; John 8:31, 32; John 17:17; II Timothy 3:16, 17).
2. **Love:** Sacrificially seeking everyone's highest good (I Corinthians 13:1-8).
3. **Excellence:** Consistently performing above and beyond common expectations and standards (Hebrews 4:12, 13).
4. **Integrity:** Consciously making every effort to be conformed to the image of Christ and faithfully committing to treat one another with godly excellence (Colossians 3:1-17).
5. **Leadership:** Courageously influencing people toward God's perspective, plan, and purposes (Jeremiah 29:11-14, Psalm 68:6).
6. **Learning:** Actively pursuing the lifelong quest for knowledge and wisdom (II Peter 1:3-9).
7. **Knowledge:** Purposefully seeking information and testing its truthfulness (Proverbs 1:7; Philippians 3:10, 11).
8. **Wisdom:** Assiduously applying knowledge within a Biblical worldview (Psalm 111:10).

VISION: WHY WE EXIST

FCHS exists to train and disciple today's students into Christ-centered leaders and citizens of tomorrow.

MISSION: OUR FUNCTION

Partnering with Foothills Christian Church, our mission is to educate our students from a Biblically based worldview in a Christian environment. Teaming with parents and guardians, teachers, staff, students, and the body of Christ, we promote the development of spiritual maturity, academic excellence, and athletic achievement.

MESSAGE: LIFE TRUTHS WE LEARN AND TEACH

We celebrate the Kingdom of God, pursue Christ-like character, and promote academic distinction.

GOAL

The goal of the Athletic Program at FCHS is to provide students with opportunities for interscholastic athletic participation and competition. FCHS encourages a highly competitive attitude within the athletic program, consistent with our value of Excellence. However, the school does not condone "winning at any cost." We discourage any and all pressures that lead to poor sportsmanship and words or actions contrary to the mission of FCHS. It is the goal of the Athletic Department to field teams with the best possible examples of what it means to be a part of the family of God.

DEPARTMENT POLICIES

The constitution, by-laws and regulations of the California Interscholastic Federation-San Diego Section (CIFSDS) and the Coastal (lacrosse) or Southern (all other sports) Conferences govern the Foothills' Athletic Program. Information regarding these governing bodies is available in the Administrative Office. The following policies relate to participation at Foothills Christian High School and are intended to guide coaches to a successful and positive experience. Individual teams and programs will have their own specific rules and coaches will present the required information to student-athletes and their parents at the pre-season parent meeting and on the first day of practice of the respective sports.

Coaching Certification

Coaches working with FCHS students have been:

1. Screened via live scan with the CA Dept. of Justice and FBI.
2. Completed and maintain CPR and First Aid certification.
3. Completed NFHS Coaching Certification for their sport.
4. Attended CIFSDS New Coaches' Workshop.
5. Completed CIF and FCHS Codes of Ethics forms.

Attendance for Student Athletes

An athlete will not be eligible for practice or an athletic event on the day the athlete is absent from school with these exceptions: appearance in court, attendance at a funeral, written verification of a doctor's appointment, or by approval of the Principal and/or Athletic Director.

An athlete missing part of a school day for an appointment on game day needs to follow the CIFSDS and school's policy to be eligible to attend practice or participate in a contest. To be eligible, the student must be in attendance for at least half of the required classes on the day of the event.

If an athlete is suspended from school, the athlete is ineligible to compete during the suspension period, including home-study days and weekends. This includes in-school suspensions. Students may continue to participate in practice or conditioning during suspensions, unless specifically excluded.

Coaches must be diligent in taking attendance during practices and notifying the parent of a student who is absent from practice. For verification as to whether a student is meeting with a teacher, the coach may contact the teacher directly or request the Athletic Director assist with this verification.

Conduct

FCHS students will adhere to the following role priority: Christian, Student, and Athlete (in that order). To that end, the administration of FCHS expects students, parents, and coaches, at all times, to emulate Christ-like behavior. Students are required to agree to the terms listed on the FCHS Athlete's Code of Ethics (Appendix A). Use of indignant behavior, abusive language or profanity, physical violence, or any behavior contrary to accepted standards of conduct set forth in the discipline section of this handbook is intolerable. Failure to comply is grounds for disciplinary action, up to and including removal from the game, suspension from the team, and removal from the team. Whenever an athlete is removed from a game by an official, in addition to following the requirements of the CIFSDS, the athlete is immediately placed on athletic probation which means the athlete is ineligible to compete in the next contest and will be required to meet with the Athletic Director and head coach before being

reinstated. The second violation of this policy within the same season will result in removal from the team and referral to the Office of the Principal for school discipline.

The officials regulating the game are there to uphold the rules and regulations established by the CIFSDS and the National Federation of State High School Associations (NFHS). They are not responsible for wins or losses and should be treated with proper respect. Only the head coach should address the official for clarification of a rule, always in a professional and courteous manner.

Disciplinary Procedures

Infractions of school rules while in attendance at or while being transported to or from an athletic event come under the jurisdiction of the regular school disciplinary procedures. All athletes and their parents are required to adhere to the conditions listed on the FCHS Athlete's Code of Ethics (appendix A) and this Athletic Handbook for Parents/Guardians and Students. The head coach may add to the disciplinary action assigned by administration, but cannot bypass ordinary procedures. Since discipline is a vital ingredient to a team's success, athletes may be disciplined for many reasons including, but not limited to, the following infractions:

- A. Low academic performance
- B. Unexcused absence from meetings, practices, or game
- C. Tardiness to practice
- D. Lack of sportsmanship, disrespectful, or indignant behavior
- E. Lack of hustle
- F. Absence from practice for disciplinary reasons
- G. Failure to turn in fees or equipment on time
- H. CIF violations or breaking training rules
- I. Failure to support the program
- J. Ejection from a contest

Sanctioned disciplinary procedures include, but are not limited to the following:

- A. Benching or dismissal from game or practice
- B. Extra conditioning, etc. (i.e., running)
- C. Performance of community service
- D. Suspension or expulsion from the team. (Instituted only by recommendation from the Head Coach AND approval by the Athletic Director)

Dress Code

All students should represent Foothills Christian in a positive manner which includes the attire worn. All clothing should be clean, in good repair, modest, and fit properly.

Parents/guardians and Coaches are responsible for the appearance of all athletes. When the team does not travel to their game in uniform, normal school dress code is in effect. Coaches may require special standards of travel dress for their athletes such as jackets and ties, travel sweats, game day polo, etc.

On the field of play, athletes are expected to maintain a neat and uniform appearance as prescribed by CIFSDS regulations and consistent with principles of team unity and commitment (i.e. shirts tucked in,

uniform worn in the manner intended, etc.).

Eligibility

Foothills Christian complies with the eligibility requirements mandated by the CIFSDS. Ineligible athletes shall not participate in contests. The following condensed eligibility guidelines should be used by the parent/guardian for initial eligibility assessment:

1. The athlete must be under the age of nineteen by September 1 of the year playing.
2. The athlete must meet school attendance requirements.
3. The athlete must be scholastically eligible (minimum 2.0 cumulative average and no “F’s”). The eligibility status will be reviewed at the end of each reporting period and end of summer session.
4. The athlete must have met the residence and citizenship requirements.
5. The athlete may not participate in any tryout for a professional or collegiate team without Athletic Department approval.
6. The athlete may not compete on any outside team during the season that sport is played during the school year.
7. The athlete must be an amateur.

It is the responsibility of all transfer students to file the CIF Transfer Eligibility Form and Pre-Enrollment Contract Affidavit with the CIF office before competing. These forms are available in the Administrative Office. For all specific questions regarding eligibility or for clarification of any rule please contact the Athletic Director.

Financial Responsibilities: Timely Student Payments

When submitting checks for deposit ensure the student's sport is notated on the check and place in the provided Athletics Department drop box located in the Administrative Office. If unable to deposit in the drop box submit payment to the Principal, Athletic Director, or Accountant ONLY to ensure your payment is accounted for in a timely manner.

Insurance Information

The California Education Code requires that every student who participates in a school-sponsored athletic event as a member of an athletic team shall have insurance protection for medical and hospital expenses resulting from accidental bodily injuries. Foothills Christian High School does not provide insurance; ineligibility will result if an athlete does not have proof of insurance.

Physical Exam

By state law, all athletes are required to have a separate yearly examination for Athletics. Foothills Christian High School athletes must have current (not more than one year old) physical exam on file in the Administrative Office at all times. An emergency medical card must be on file before tryouts begin. All Head Coaches should have a copy of the complete medical form for each member of the team. See appendix D for a copy of the Foothills Christian High School Medical Form.

Injuries

Any athlete receiving a serious injury (i.e. on that requires removal from a game or practice) must be referred to an appropriately licensed medical professional for evaluation and must have a signed note or letter from that medical professional in order to return to participation. Particular attention must be paid

to potential concussions. The Head Coach is responsible for submitting a Foothills Christian High School Accident Report (appendix C) to the Athletic Director within 24 hours of the injury.

Release Time

Because of the nature of athletics and the travel involved, it is often necessary for athletes to be released from class; this in no way releases the athletes from any academic responsibility. Athletes are expected to respectfully notify the teachers in advance of their release time, leave class only at the time announced by the Administration, and make up all assignments and tests. Early dismissal due to athletic events does not exempt a student from turning in assignments by the due date. If student-athletes demonstrate an inability to perform these functions, athletic privileges may be curtailed or revoked. Student-athletes should go to school ready for travel. All student-athletes being released early must sign-out at the front desk; we allow fifteen minutes from the time of release to departure.

Retreats

The Athletic Department strongly encourages all athletes to fully participate in the life of the school and their church, especially the programs for spiritual development (i.e. small groups, youth groups, camps). To that end, athletes shall actively participate in the annual school retreat, but they should seek to schedule other retreats in the off-season in order to avoid schedule conflicts during a season of sport. While it is understood that sometimes conflicts are unavoidable, the first priority for students is their spiritual growth and development. Coaches shall not schedule events that interfere with youth programs of Foothills Christian Church and shall not punish students for attending such programs during the sports season.

Returning Messages

All coaches are required to return phone and voice mail messages related to FCHS athletics within 24 hours. If a coach fails to return a message within the time given please contact the Athletic Director.

Selection of Teams

Selection of teams can be a very difficult time for athletes. As a result of the emotional impact related to whether an athlete makes a team, coaches are required to meet with each athlete prior to cutting them. An individual meeting with each athlete who is cut from the team will help to ease the disappointment the athlete may feel and also help to explain the areas of improvement necessary to make the team in the future.

Spirit Pack

Foothills Christian High School is committed to providing the best in athletic equipment for all sports through its yearly budget. However, because some necessary items will not be re-usable, each sport may require a fee for items that students will keep at the end of the season. These items may include practice uniforms, personal practice equipment, and game day attire. The cost of these spirit packs will vary and the head coaches will make every effort to keep costs down using Foothills Christian High School team sports dealers and quantity discounts.

Sportsmanship

FCHS athletes are expected to go beyond good sportsmanship in all activities where they are representing the school. Examples of opportunities are the offering of a hand to help a fallen opponent,

“turning the other cheek” if bantered by the opposing team, ignoring vulgar language or any lack of ability on the opponent’s side.

FCCHS teams are expected to leave all facilities, whether home or away, in better condition than when they arrived. This includes removal of all trash from the locker and practice areas. All student-athletes are to bring belongings and personal equipment with them to the practice or game site.

Travel

All students will have the opportunity to be transported to and from games with a coach on school approved transportation with the exception of some holidays and weekend games.

Licensed students may drive themselves to approved off-campus locations for practice and games. Students who desire to drive themselves or others must have the Statement of Consent to Participate in Off-Campus Activity and Release Agreement (appendix F) signed by a parent or guardian on file with their coach and the Athletic Department. If this form is not on file, athletes must use the transportation provided by the school. Provisionally-licensed students (those within the first year of obtaining their drivers’ license) shall only drive others in accordance with California law.

While traveling to a game, coaches are expected to actively supervise all students under their care. A signed copy of the Foothills Christian High School Athletic Department Supervision Policy must be on file for each coach prior to the start of the season (appendix G).

Any coach intending to bring his or her team on an overnight trip during the season or outside of the season of sport must seek approval by submitting the Foothills Christian High School Athletic Department Overnight Trip Information Form (appendix H) to the Athletic Director at least two weeks prior to the trip.

Communicating Concerns/Complaints

It is the expectation of Foothills Christian High School Athletic Department that coaches will communicate the goals of the program to parents and participants so that all parties can support the success of the team. If an issue arises, the parent or participants should contact the coach directly. Almost always, sharing information about the goals of the program, the policies of the Foothills Christian High School, the rules of CIF, and the student’s needs or concerns will resolve any issues that arise in the course of the season. If the issue/conflict is not resolved, the student or parent may take the following steps in this order:

1. Contact the coach and conference with involved parties.
2. Contact the Athletic Director to address the situation.
(Tim Griggs: 303-8035 timgriggs@foothillsschool.net)
3. Contact the Principal to resolve the issue.
(Tom Edelen: 303-8035 tomedelen@foothillsschool.net)

CIF/CIFSDS/Southern Conference Websites

CIF: <http://www.cifstate.org/>

CIFSDS: <http://www.cifstate.org/>

Southern Conference: <http://www.cifss.org>

FORMS TO BE COMPLETED BY ALL PARTICIPANTS (APPENDIX)

- A. Foothills Christian High School Athlete's Code of Ethics
- B. CIF Code of Conduct
- C. Foothills Christian High School CIF Eligibility Request Form (Only For Students New to FCHS)
- D. Foothills Christian High School Injury Report (To be completed by Coach Upon Injury)
- E. Foothills Christian High School Medical Liability Release Form
- F. Foothills Christian High School Statement of Consent to Participate in Off-Campus Activity and Release Agreement
- G. CIF Physical Form

APPENDIX A

FOOTHILL CHRISTIAN HIGH SCHOOL
ATHLETE'S CODE OF ETHICS

As a Christian Student-Athlete, I understand that it is my responsibility to:

1. Represent FCHS in godly manner.
2. Follow FCHS's Code of Conduct.
3. Meet or exceed academic requirements.
4. Show respect for players, officials and coaches.
5. Respect the integrity and judgment of game officials.
6. Exhibit fair play, sportsmanship, and proper conduct on and off the playing field.
7. Maintain a high level of safety / awareness.
8. Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
9. Adhere to the established rules and standards of the game to be played.
10. Respect all equipment and use it safely and appropriately.
11. Refrain from the use of alcohol, tobacco, illegal and non-prescription 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.
12. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
13. Return all equipment and uniforms in a timely manner.
14. Win with character, lose with dignity.

Parent's Signature

Date

Athlete's Signature

Date

Athlete's name PRINTED

A copy of this form must be completed annually and kept on file in the Athletic Director's Office.

APPENDIX B

CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF) CODE OF CONDUCT FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics, sportsmanship, promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character sm"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. **Trustworthiness** - be worthy of trust in all I do.

• **Integrity** - live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.

• **Honesty** - live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.

• **Reliability** - fulfill commitments; do what I say I will do; be on time to practices and games.

• **Loyalty** - be loyal to my school and team; put the team above personal glory.

RESPECT

2. **Respect** - treat all people with respect all the time and require the same of other student-athletes.

3. **Class** - live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fatten opponents help, compliment extraordinary performance, show sincere respect in pre-and post-game rituals.

4. **Disrespectful Conduct** - don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

5. **Respect Officials** - treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. **Importance of Education** - be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically, or the character to represent their institution honorably.

7. **Role-Modeling** - Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach, and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

8. **Self-Control** - exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

9. **Healthy Lifestyle** -safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs, or engage in any unhealthy techniques to gain, lose or maintain weight.

10. ***Integrity of the Game*** - protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

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

CARING

12. ***Concern for Others*** - demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.

13. ***Teammates*** - help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. ***Play by the Rules*** - maintain a thorough knowledge of and abide by all applicable game and competition rules.

15. ***Spirit of rules*** - honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this Code. I understand that there may be sanctions or penalties if I do not, ranging from loss of playing time to ejection from the team, in addition to any consequences for violating school and district behavior standards.

(A separate form for signing is attached at the back of this packet and is a condition of participation in any CIF sport.)

Student-Athlete Signature

Date



Please complete and return with Application.

STUDENT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MOM'S NAME:	MOM'S CONTACT NUMBER:	DAD'S NAME	DAD'S CONTACT NUMBER:
DATE OF BIRTH (mo/day/yr):	GRADE APPLYING FOR:	IEP/504 (yes/no):	HOME NUMBER:
NAME OF LAST SCHOOL ATTENDED:	SCHOOL'S ADDRESS:	SCHOOL'S PHONE NUMBER:	

Check which sports you are interested in:

Boys Sports	Girls Sports	Co-ed Sports
<input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Baseball <input type="checkbox"/> Lacrosse	<input type="checkbox"/> Cheer <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Softball	<input type="checkbox"/> Cross-Country <input type="checkbox"/> Track & Field

Answer all questions truthfully:

	Y e s	N o
Did the student move at the time of transfer?		
Has anyone from our school's athletic program contacted you? If yes, explain below.		
Is there any disciplinary action (pending or otherwise) at the prior school? If yes, explain below.		
Is there any disciplinary action that related to athletics at the prior school? If yes, explain below.		

Explanation _____

What was your student's GPA at the last recording period?	
What is your Student's cumulative GPA?	

What sports have you participated in (club, travel team, sports camp, or AAU team, etc...?)

Sport	Date	Head Coach

INJURY REPORT

FOOTHILLS CHRISTIAN HIGH SCHOOL
2321 DRYDEN RD
EL CAJON, CA 92020
619-303-8035 / 619-741-2648

STUDENT NAME:

GRADE:

AGE:

SEX:

DATE:

TIME:

DATE OF INJURY:

POLICY FOR REPORTING OF INJURIES

CHURCH INFORMATION

INSURANCE INFORMATION

- Call School Administrator (Tom Edelen) Immediately at cell # (619) 733-5071
- Call Church Administrator (Kevin Miller) at cell # (619)442-7728
- FAX this report AND copy of Permission slip to Church Administrator
- FAX this report AND copy of Permission slip to DOUBLE HONOR INSURANCE

Foothills Christian Church
Attn. Church Administrator
FAX: (619)442-5161

Double Honor Insurance
Attn. Jim Ketring
FAX: (760)743-2010

DATE: _____ TIME: _____ AM / PM faxed

DATE: _____ TIME: _____ AM / PM Faxed

DETAILS OF INJURY

NATURE OF INJURY:

- SCRAPE
 - CUT
 - FRACTURE
 - BRUISE
 - SWELLING
 - _____
- SPRAIN
 - POSSIBLE
 - SPLINTER

PLACE INJURY OCCURRED:

- CLASSROOM
- STAIRWAY
- BATHROOM
- LUNCH AREA
- PARKING LOT
- _____
- HALL

KIND OF ACCIDENT:

- FALL
- STRUCK BY _____
- INSECT STING
- _____

PART OF BODY INJURED:

- | | | | |
|-----------------------------------|----------------------------------|-----------------------------------|-------------------------------|
| HEAD | TRUNK | ARMS | LEGS |
| <input type="checkbox"/> EARS | <input type="checkbox"/> BACK | <input type="checkbox"/> SHOULDER | <input type="checkbox"/> HIP |
| <input type="checkbox"/> EYES | <input type="checkbox"/> CHEST | <input type="checkbox"/> ARM | <input type="checkbox"/> LEG |
| <input type="checkbox"/> SCALP | <input type="checkbox"/> ABDOMEN | <input type="checkbox"/> ELBOW | <input type="checkbox"/> KNEE |
| <input type="checkbox"/> SKULL | <input type="checkbox"/> SIDE | <input type="checkbox"/> HAND | <input type="checkbox"/> FOOT |
| <input type="checkbox"/> FOREHEAD | | <input type="checkbox"/> FINGERS | <input type="checkbox"/> TOES |

ACTIONS TAKEN (use comment section if needed)

TREATMENT:

- CLEANSED WOUND
- APPLIED COLD
- COMPRESS
- APPLIED OINTMENT / LOTION
- RESTED
- INJURED PART
- APPLIED BANDAGE
- APPLIED
- SPLINT
- REMOVED SPLINTER
- OTHER (please describe)

DISPOSITION:

- FIRST AID GIVEN (see left)
- TELEPHONE CALL TO PARENT
- NOTE TO PARENT
- NURSE NOTIFIED
- CALLED 911
- TRANSPORTED TO _____
- TRANSPORTED BY _____

COMMENTS:

ADDITIONAL INCIDENT INFORMATION (use as needed)

EVENT NAME:

LOCATION:

LEADERS INVOLVED:

LEADER'S PHONE NUMBER:

VEHICLES INVOLVED IN INCIDENT? Yes No
DESCRIPTION:

POLICE REPORT? Yes No
AGENCY / OFFICER'S NAME: REPORT #:

OTHER WITNESS NAME'S:

OTHER WITNESS PHONE NUMBER:

ADDITIONAL STUDENT INFORMATION

STUDENT'S ADDRESS:

PARENT / GUARDIAN NAME (and relationship to minor):

PARENT / GUARDIAN PHONE:

PREPARER'S INFORMATION

NAME:

ROLE AT THE TIME OF THE INJURY:

PREPARER:
CAREFULLY REVIEW FOR COMPLETENESS BEFORE
SUBMITTING REPORT TO ADMINISTRATION FOR REVIEW

I have filled out this injury form to the best of my knowledge of the incident. I am an eyewitness to the injury or person acting on behalf of the eyewitness.

Preparer's Signature: _____ Date of Report: _____

Sports Medical and Liability Release Form

FOOTHILLS CHRISTIAN HIGH SCHOOL
2321 DRYDEN RD
EL CAJON, CA 92020
619-303-8035 / 619-741-2648

NAME OF MINOR:		GRADE:	BIRTH DATE:
ADDRESS:	CITY:	ZIP:	
SPORT:	COACH:	COACH PHONE:	

PARENT / GUARDIAN CONTACT INFORMATION

FATHER'S NAME:	HOME PHONE:	WORK PHONE:	CELL PHONE:
MOTHER'S NAME:	HOME PHONE:	WORK PHONE:	CELL PHONE:
NAME OF INSURANCE COMPANY:	NAME OF INSURED:	POLICY NUMBER:	

EMERGENCY CONTACT PERSON (if parent is not available)

NAME:	HOME PHONE:	WORK PHONE:	CELL PHONE:
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MEDICAL INFORMATION

Does your student take any medications?

Please list: _____

Does your student have any medical conditions (surgeries, implants, allergies, asthma, etc.) that we need to be aware of?

Please list: _____

Does your student have permission to receive any of the following (please indicate for each item by initialing the appropriate line):

Tylenol _____ Advil _____

TRAVEL INFORMATION

DATE & TIME OF DEPARTURE:
DATE & TIME OF RETURN:
LOCATION OF TRAVEL:
MODE OF TRANSPORTATION:

The undersigned represents to Foothills Christian High School, that he/she is a natural parent or legal guardian of the above named minor child: and,

The undersigned does hereby consent to the above noted student taking part in the noted activity, with the full understanding that insofar as such activity might involve sporting activities, and mingling with other individuals and groups, that there is always the risk of injury, illness and loss, and possibly consequent expense for medical diagnostic and curative treatments, and incidental loss and expense: and, in behalf of such minor assume the risk of such expense and does hereby wholly release Foothills Christian High School from any responsibility or liability, and waives any claims or causes or action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless Foothills Christian High School in event any such claim should arise; and,

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Foothills Christian High School and its agents; and, does hereby authorize Foothills Christian High School or its staff members or other agents to arrange for and consent to x-rays, examinations, anesthetic, dental, medical or surgical diagnosis, and treatment; and hold harmless Foothills Christian High School. The undersigned will furnish payment or insurance for, and such payment, at his/her own expense.

Parent Signature: _____ **Date:** _____

FOOTHILL CHRISTIAN HIGH SCHOOL
STATEMENT OF CONSENT TO PARTICIPATE IN OFF-CAMPUS ACTIVITY
AND RELEASE AGREEMENT

STUDENT _____ GRADE _____

PROGRAM or EVENT _____

Foothills Christian High School offers its students the opportunity to participate in extra-curricular programs, with off-campus events, that are not required as part of the School's educational program and in which student participation is completely voluntary.

Such activities may bear greater risk of injury than what is encountered in normal daily life. No student may participate in the above named program or event absent the express written consent of his or her parents. **By signing below, the undersigned parents permit their student to participate in the program or event listed above.**

The School may provide transportation to some off-campus programs and/or events. In such cases, the School may use either hired transportation, such as buses, or carpools driven by parent volunteers. Alternatively, parents may wish to drive their students to and/or from off-campus sporting events or students may wish to drive themselves and other students to and/or from off-campus sporting events. **Alternative transportation arrangements are permitted only with the express consent of the parents, as indicated below (check all that apply).**

- We will drive our student to and from off-campus sporting events.
- Our student has permission to drive to and from off-campus sporting events.
- Our student has permission to drive other students to and from off-campus sporting events.
- Our student has permission to be driven to and from off-campus sporting events by the following individuals:

Name

Relationship

The undersigned parent assumes all risks in connection with the student's participation in any and all of the above referenced activities and hereby releases and discharges Foothills Christian High School, its officers, trustees, employees and agents from all liability, claims or demands for any damage, loss, or injury to the student, the student's property, or parent's property in connection with participation in these activities and related transportation.

This Agreement shall be binding upon the parent(s) whose signature(s) appears below and their respective assigns, and inures to the benefits of Foothills Christian High School and its representative successors and assigns. This Agreement and the rights and obligations of the parties hereunder shall in all respects be governed by and construed and enforced in accordance with the laws of the State of California.

Both parents and /or legal guardians must sign this consent and release agreement.

Date

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Preparticipation Physical Evaluation

HISTORY _____

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal physician _____
In case of emergency, contact
 Name _____ Relationship _____ Phone (H) _____ (W) _____

**Explain "Yes" answers below.
 Circle questions you don't know the answers to.**

- | | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?
Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?
Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?
Have you ever been dizzy during or after exercise?
Have you ever had chest pain during or after exercise?
Do you get tired more quickly than your friends do during exercise?
Have you ever had racing of your heart or skipped heartbeats?
Have you had high blood pressure or high cholesterol?
Have you ever been told you have a heart murmur?
Has any family member or relative died of heart problems or of sudden death before age 50?
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious, or lost your memory?
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had numbness or tingling in your arms, hands, legs, or feet?
Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?
Do you have asthma?
Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had any problems with your eyes or vision?
Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had a sprain, strain, or swelling after injury?
Have you broken or fractured any bones or dislocated any joints?
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?
<i>If yes, check appropriate box and explain below.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip
<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh
<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee
<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf
<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle
<input type="checkbox"/> Upper arm <input type="checkbox"/> Foot | | | | | | |
| 13. Do you want to weigh more or less than you do now?
Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____ | | | | | | |
| FEMALES ONLY | | | | | | |
| 16. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____ | | | | | | |
| Explain "Yes" answers here: _____

_____ | | | | | | |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
 Signature of athlete _____ Signature of parent/guardian _____ Date _____

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Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

Name _____ Date of birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

* Station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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