

## HEALDSBURG UNIFIED SCHOOL DISTRICT

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1024 Prince Street, Healdsburg, CA 95448  
P: (707) 431-3420 F: (707) 431-3467

### ATHLETIC PARTICIPATION PACKET

Student Name (printed clearly) \_\_\_\_\_ Grade \_\_\_\_\_

STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN TRYOUTS UNTIL ALL THE REQUIRED DOCUMENTS ARE SUBMITTED TO THE STUDENT STORE.

Please staple all pages together and in the following order:

- Parent Permission to Compete, Emergency Contacts, Insurance Information, Physician's Clearance

Emergency information: In case of an emergency, please make sure you include phone numbers for work, pagers, and cell phone.

Insurance information: For those students with no private health insurance coverage, Myers-Stevens insurance forms are available in the Student Store.

Physical exam: Required yearly by a State of California Doctor or Nurse Practitioner, must not expire while participating in a sport activity

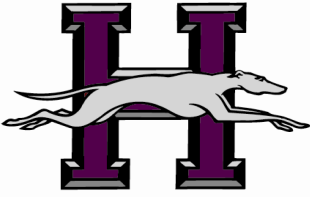
- Warning of Risk/CIF Steroids Policy

- NCS Ejection Policy

- Participation donation (suggested \$100.00). Please make checks/money orders payable to HHS. Checks/money orders will be held until the team roster is finalized. In the situation of a three (3) sport athlete, the suggested maximum donation would be \$200.00. For families with multiple student athletes, the suggested donation would not exceed \$300.00.

Reminder: Student athletes must maintain a 2.0 GPA, to be reviewed at the end of every grading period. Student athletes who become ineligible will be notified personally by the Athletic Director.

(revised June 2011)



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Student Name (printed clearly) \_\_\_\_\_

Grade \_\_\_\_\_

## PARENT PERMISSION:

I \_\_\_\_\_, am aware that my child, \_\_\_\_\_, will be participating in Healdsburg High School's Athletic Program.

I understand that my child shall not participate in any sport until all required forms including the below physician's clearance are submitted. I also recognize that student athletes must maintain a minimum GPA of 2.0 in order to remain eligible to compete. The Athletic Director will monitor my child's GPA.

I hereby give my consent for the above-named student to compete in sports. I authorize my child to attend sports trips supervised by school personnel. In the case my child becomes ill or injured, I authorize school personnel to seek medical treatment and authorize medical agencies to render treatment.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

## EMERGENCY CONTACTS:

Parent/Guardian \_\_\_\_\_ Number \_\_\_\_\_

Secondary emergency contacts (if above parent is not available):

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

## INSURANCE INFORMATION:

Student's health or accident insurance coverage (unless purchased through Healdsburg High School)

\_\_\_\_\_  
*Insurance Carrier*

\_\_\_\_\_  
*Policy Number*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Claims Address*

## PHYSICIAN'S CLEARANCE (to be completed by a California Medical Doctor or Nurse Practitioner only):

I hereby certify that \_\_\_\_\_ is physically fit to engage in sports.

Has the student had any injury or physical condition that should be watched? \_\_\_ yes \_\_\_ no

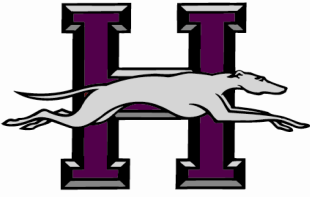
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
*Physician's signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*State License No.*



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## WARNING OF RISK:

By its very nature, competitive athletics may put students in situations in which serious, catastrophic, and perhaps, fatal accidents may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks, or the choice not to participate. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

*By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.*

*By choosing to participate, you, the student, acknowledge that such risks exist.*

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

If any of the foregoing is not understood, please contact the Athletic Director at 431-3459.

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## CIF STEROIDS POLICY:

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

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

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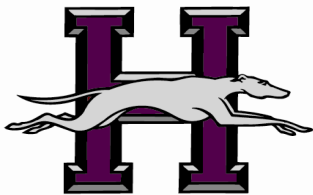
*This verifies that the undersigned have carefully read and understand the above warning regarding the risks involved in participating in competitive sports as well as the CIF policy regarding steroid use.*

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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## NORTH COAST SECTION EJECTION POLICY Sonoma County League

Notice to all athletes:

The following rules and minimum penalties are applicable to players (and coaches) as adopted by the NCS Board of Managers on April 21, 1995, in accordance with National Federation Rules. This policy will be in effect beginning with the 1995-96 school year, (and will include non-league, league, invitational tournaments / events, post-season, league, section, or state playoffs, etc.).

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.  
**Penalty:** The player shall be ineligible for the next contest (non-league, league, invitational tournament / event, post season play, whether it be league, section or state).
2. Illegal participation in the next contest by a player ejected in a previous contest.  
**Penalty:** The contest shall be forfeited and the player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.  
**Penalty:** The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench (or dugout, etc.) to begin or participate in an altercation.  
**Penalty:** The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest, (non-league, league, invitational tournament / event, post season play, whether it be league, section, state playoffs, etc.).

*I have read and understand the rules and regulations of the NCS Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.*

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name Printed