

# 2018-2019 Portola High School Spring Athlete Parent Meeting

This evening's goal is to acquaint athletes and parents with eligibility requirements, athletic code, and clearance procedures.

Agenda:

6-7 PM: All Spring Athletes

7-8 PM: Individual Team Meetings

Questions?

[KatherineLevensailor@iusd.org](mailto:KatherineLevensailor@iusd.org)

**Nondiscrimination in Athletics:** The District does not discriminate in enrollment in or access to any athletics program available. Admission to these programs is based on age appropriateness, team roster space, aptitude, and meeting academic eligibility requirements. The lack of English skills shall not be a barrier to admission to or participation in the District's activities and programs. The District's facilities and equipment provided for students are comparable and equitable to both sexes without disparity or imbalance, consistent with his or her gender identify, irrespective of the gender listed on the pupil's record. The full Nondiscrimination statement can be found at [iusd.org](http://iusd.org) and Board Policy 5145.3

# Athletic Administrators

**Dr. Katie Levensailor -  
Athletic Director**

[KatherineLevensailor@iusd.org](mailto:KatherineLevensailor@iusd.org)

949-936-8207

Athletic/Prep Periods: 3, 5, 7, and 8

Teaching Periods: 4 and 6



**Jeffrey Hernandez -  
Assistant Principal**

[JeffreyHernandez@iusd.org](mailto:JeffreyHernandez@iusd.org)

949-936-8200



## Athletic Advisory Council



**Kellie Lawicki  
Head Swim  
Coach**



**Peter Abe  
Head Football  
Coach**

# Bulldog Allsports Boosters:

SUPPORTING ALL ATHLETIC PROGRAMS AT PORTOLA HIGH SCHOOL

- ▶ Christina Kelly: Booster Club President
- ▶ Contact: [bulldogboosters2020@gmail.com](mailto:bulldogboosters2020@gmail.com)

## ▶ Donate online at:

- ▶ [www.bulldogallsportboosters.com](http://www.bulldogallsportboosters.com)
- ▶ Mail in form with a check payable to:

Bulldog Allsport Booster Club,

1001 Cadence

Irvine, CA 92618

## Choose Membership Level:

- **Buster: \$50** (\$0 allocated to individual sports)
    - (1) Official Bulldog Allsport Booster T-shirt
    - Recognition at Allsport Booster Events
  - **Bulldog: \$150** (\$25 allocated to individual sport)
    - (1) License plate holder
    - (2) Official Bulldog Allsport Booster T-shirts
    - Recognition at Allsport Booster Events
  - **Elite: \$250** (\$50 allocated to individual sport)
    - VIP line at home sporting events
    - (2) License plate holders
    - (2) Official Bulldog Allsport Booster T-Shirts
    - (1) Official Bulldog Allsport Booster Stadium Blanket
    - Recognition at Allsport Booster Events
  - Additional donation: \$ \_\_\_\_\_
- Total donation: \$ \_\_\_\_\_

# *ASB Cards 2018-2019*

- ▶ \$50 a student
- ▶ Free entrance into home athletic events
- ▶ Reduced ticket rates at visiting games
- ▶ Reduced ticket rates for dances and other campus events
- ▶ \$10 a card goes right into athletics!!

Breakdown:

\$8 per football game (4 home games = \$32)

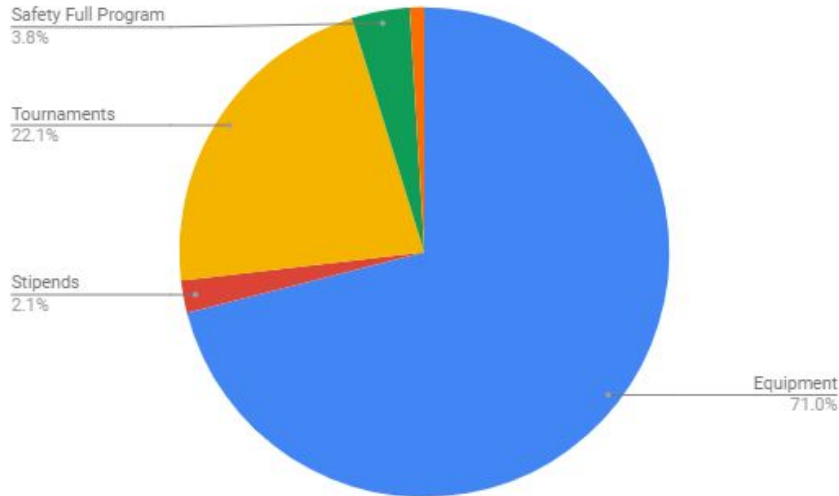
\$7 per volleyball and basketball game (3 home games = \$21)

Pays for itself in 7 athletic events

# Athletic Budget Demands

2017-2018 Athletic expenses: \$523,034

Covered mostly by district funds.



2018-2019 Athletic expenses are much higher:

- ▶ Addition of Varsity levels
- ▶ Major reduction in support by district

What they do cover:

- ▶ 63 Stipends to cover 26 programs
- ▶ Transportation: M-F before 5 PM
- ▶ Officials (not including tournaments)
- ▶ Safety Budget: \$20K
- ▶ ATC: 40/Hours a week
- ▶ Roughly \$466,000

# *Athletic Budget Demands*

## **What they don't cover:**

Top Dog Awards: \$1,000

Varsity Patches: \$10,000

CIF State/CIF Section/PCL Dues: \$4,500

Weight Room Equipment & Repairs: \$500

Tournaments: Roughly \$116,000

Coaching Stipends: \$12,000

ImPACT Testing/Clearance: \$930

Equipment Manager OT: \$2,500

ATC OT: \$3,500

Equipment: \$70,000

Tournament Officials: \$40,000

Off Season Stipends: \$21,000

\*Additional costs if we advance in CIF

**We need an additional \$281,930 or \$282/Athlete**

# PROGRAM GOALS:



POSITIVE INTERPERSONAL  
RELATIONSHIPS.

LEADERSHIP IN EVERY  
COMMUNITY.

ACADEMIC AND ATHLETIC  
BALANCE.

HEALTHY DECISION MAKING.

INTEGRITY IN COMPETITION.

# WHAT TO EXPECT.....

*While your child is involved in interscholastic athletics, they will experience some of the most rewarding and inspiring moments of their lives. It is also important to understand that there might also be times when things do not go the way you or your child wishes.*

## **PROTOCOL FOR RESOLVING ISSUES IN AN EXTRACURRICULAR ACTIVITY:**

- 1. PLAYER AND COACH MEETING.**
- 2. PLAYER, COACH AND PARENT MEETING.**
- 3. PLAYER, COACH, PARENT AND ATHLETIC DIRECTOR MEETING.**
- 4. PLAYER, COACH, PARENT, ATHLETIC DIRECTOR AND HIGH SCHOOL ADMINISTRATION MEETING.**
- 5. PLAYER, COACH, PARENT, ATHLETIC DIRECTOR, HIGH SCHOOL ADMINISTRATION AND DISTRICT SUPERINTENDENT MEETING.**



# Concerns.....

## APPROPRIATE CONCERNS TO DISCUSS WITH COACHES:

The treatment of your child,  
mentally and physically.

Ways to help your child improve  
and develop.

Concerns about your child's  
behavior.

## ISSUES NOT APPROPRIATE TO DISCUSS WITH COACHES:

Playing time

Team strategy

Play calling

Other student athletes

# COMMUNICATION...

## EXPECT FROM OUR COACHES:

COACH'S AND PROGRAM'S PHILOSOPHY.

INDIVIDUAL AND TEAM EXPECTATIONS.

LOCATIONS AND TIMES OF ALL PRACTICES AND GAMES.

TEAM REQUIREMENTS: PRACTICES, SPECIAL EQUIPMENT, OFF SEASON CONDITIONING, ETC.

ANY DISCIPLINE THAT MAY RESULT IN YOUR CHILD'S PARTICIPATION ON THE TEAM.

## COACHES EXPECT FROM PARENTS:

CONCERNS EXPRESSED DIRECTLY TO THE COACH.

NOTIFICATION OF SCHEDULE CONFLICTS WELL IN ADVANCE.

SUPPORT FOR THE PROGRAM.

ATTRIBUTES OF DEDICATION, COMMITMENT, AND RESPONSIBILITY THAT ARE INGREDIENTS FOR SUCCESS AND EXCELLENCE.

ENCOURAGE YOUR CHILD TO EXCEL.

# COMMITMENT TO A TEAM

## LAST DAY TO DROP A TEAM WITHOUT PENALTY

- FALL- THURSDAY, AUGUST 30, 2018
- WINTER- TUESDAY, NOVEMBER 20, 2018
- SPRING- MONDAY, FEBRUARY 25, 2019

## REMOVAL/ DISMISSAL/ QUITTING A TEAM

1. THREE WEEKS FROM START OF PRACTICE TO QUIT. AFTER THAT:
  - A. CAN'T JOIN ANOTHER TEAM UNTIL NEXT SEASON
  - B. 9TH GRADERS WILL BE PLACED IN REGULAR PE CLASS



# ELIGIBILITY: IUSD BOARD POLICIES + CIF RULES

Eligibility requirements per IUSD for extracurricular activities

- Previous quarter GPA 2.0
- Pass 4 classes previous Quarter
- Enrollment in at least 25 units
  - Enrollment in at least 20 units for second semester seniors
- No known conviction of a felony, or known adjudication as a Ward of the Court, based on the commission of a felony, unless the sentence has been served and any court-prescribed formal probation completed

# Residential Eligibility

Enrollment Standards Required for Participation- See also Bylaws 204, 206, 207 and 209

- A. Students must be enrolled full time (minimum 20 units) at the school for which they are competing
  
- B. Students will be considered enrolled in a school for purposes of participation in interscholastic athletics when they have:
  - (i) Been entered as a full-time student (20 units or equivalent in a non-traditional program
  - (ii) in attendance in classes at that school



# G.P.A

C.I.F. Rule 205 (a) All student athletes must maintain a 2.0 or higher G.P.A. while participating in a sport(s).

Eligibility G.P.A. is calculated from the semester or quarter prior as well as during the sport of participation.

No more than one P.E. and student assistant class will be counted in this calculation.

# 20 Unit Rule

C.I.F. Rule 205 (b) states any student athlete who does not pass a minimum of 20 units (four classes) will become immediately ineligible.

All student athletes must pass (D or better) a minimum of 4 classes in order to be eligible. If this does not occur the student athlete becomes immediately ineligible.

**A probation period is not granted to this rule. G.P.A. does not count in this rule!**



# Academic Probation: ONE TIME in 4 YEARS!

If GPA during previous quarter falls below requirement:

One-time 9-week probationary period

During probation:

Student may continue to participate  
Student provided additional academic support

Support typically includes:

More frequent monitoring of achievement  
Plans for structured study-time  
Additional study support where necessary

Once probation is used, if a student earns GPA of 2.0 or less they become ineligible without provision for probation and remains ineligible until all requirements are met.

**We do not recommend this for non-varsity athletes or varsity athletes that are underclassmen.**



# ACTIVITY DURING INELIGIBILITY

ELIGIBILITY IS CHECKED AT THE END OF EACH 9-WEEK REPORTING PERIOD.

INELIGIBLE STUDENTS MAY CONTINUE TO PARTICIPATE IN ACTIVITIES DURING CLASS TIME; HOWEVER, PARTICIPATION OUTSIDE CLASS TIME IS LIMITED TO SCHEDULE PRACTICES OR REHEARSALS.





# Transfer Rules: CIF

For domestic students, there are 5 types of transfers:

1. Valid Change of Residence
2. Non-Participation
3. Limited Eligibility
4. Hardship Varsity Eligibility (rare)
5. Sit Out Period (SOP)

If you are new to Portola High School you need to complete transfer paperwork with the athletic office before you can compete. This is started via [athleticclearance.com](http://athleticclearance.com).

 **ALL TRANSFERS MUST BE COMPLETED ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-SS HOME.** 

1) Student Name \_\_\_\_\_ M  F  Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Area Code/Home Phone \_\_\_\_\_  
Name of Parent(s)/Guardian(s)/Caregiver(s) \_\_\_\_\_

2) Current Address \_\_\_\_\_  
House Number and Street Name \_\_\_\_\_ City/State/Zip \_\_\_\_\_

PUBLIC SCHOOL DISTRICT YOUR CURRENT ADDRESS IS IN \_\_\_\_\_ SPECIFIC PUBLIC H.S. YOUR CURRENT ADDRESS BELONGS TO \_\_\_\_\_

**NOTE: ONLY FILL OUT ITEM 3 IF YOUR ENTIRE FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A COMPLETELY DIFFERENT ATTENDANCE AREA. IF YOU HAVEN'T MOVED, SKIP TO ITEM 4.**

3) Former Address \_\_\_\_\_  
House Number and Street Name \_\_\_\_\_ City/State/Zip \_\_\_\_\_

PUBLIC SCHOOL DISTRICT YOUR FORMER ADDRESS WAS IN \_\_\_\_\_ SPECIFIC PUBLIC H.S. YOUR FORMER ADDRESS BELONGED TO \_\_\_\_\_

**NOTE: INCLUDE ALL HIGH SCHOOLS STUDENT HAS ATTENDED SINCE STARTING THE 9TH GRADE. IF THIS IS YOUR FIRST TRANSFER SINCE STARTING 9TH GRADE, YOU WILL ONLY NEED TO FILL OUT THE 1ST LINE OF ITEM 4.**

4) Transfer From: \_\_\_\_\_ Enrolled from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Former High School \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_ to \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_  
Transfer From: \_\_\_\_\_ Enrolled from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Former High School \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_ to \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_  
Transfer From: \_\_\_\_\_ Enrolled from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Former High School \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_ to \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_

5) Within the last calendar year, what sports did the student play (during the official high school season) at your former school/s?  
List sports played at EVERY level (novice, frosh-soph, JV, and/or varsity).  
FALL SEASON: \_\_\_\_\_  
WINTER SEASON: \_\_\_\_\_  
SPRING SEASON: \_\_\_\_\_

**NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.**

**CERTIFICATION OF APPLICATION:** I authorize any former school/s and the current school to release all records/requests made by the CIF and to discuss enrollment and/or extra curricular participation with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that if subsequent to the approval of this athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result.

By signing this affidavit, I certify that no person/s connected with the athletic department of the new school (School "B") or is part of the booster club of School "B", including anyone acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of this student, prior to the completion of the enrollment process at School "B". I also certify that the student has not participated during the previous 24 months on any non-school athletic team\* (i.e., AAU, American Legion, club team, etc.) that is associated with or coached by anyone associated with the new school (School "B"). (\*See Bylaw 510 for definition of a non-school athletic team).

6) IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 6. SKIP TO ITEM 7 BELOW AND SIGN THERE.

PARENT SIGNATURE _____	DATE _____	STUDENT SIGNATURE _____	DATE _____
OR			

7) I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE. THEREFORE, AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFIC. (ATTACH A WRITTEN EXPLANATION TO THIS FORM).

PARENT SIGNATURE _____	DATE _____	STUDENT SIGNATURE _____	DATE _____
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Revised 1/18/17

# Athletic Clearance: Every Year By May 31

[Athleticclearance.com](http://Athleticclearance.com)

**ATHLETICCLEARANCE.COM** CLEARANCES MY ACCOUNT CONTACT US

Need Help

Login

User Name (Email):

Password:

[Forgot Password](#)

[Don't have an account? Register](#)

See How It Works!

Athletic Clearance Guide

Step #2 - Medical History

Video player showing the Athletic Clearance Guide.

## HINTS:

1. Select the correct year and School (PHS-CIFSS).
2. INCLUDE ALL SPORTS YOU WANT TO BE CLEARED FOR (FOOTBALL, SOCCER, SWIM)

**HIGH SCHOOL ATHLETIC PRE-PARTICIPATION EXAM FORM** Circle One: IHS NHS UHS WHS PHS

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ M/F  
 (Print Last) Last First Middle or Nickname (In Full) Code  
 Birthdate: \_\_\_\_\_ Student ID #: \_\_\_\_\_ SPORT: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

**Section A: REQUIRED HEALTH HISTORY TO BE COMPLETED BY PARENT OR GUARDIAN**

Has your child:

1. Had a medical illness or injury that has disqualified him/her from athletic participation?	YES	NO
2. Ever been hospitalized or undergone any surgical operations?	YES	NO
3. Had an ongoing chronic or serious illness (such as diabetes, kidney problems, seizures or asthma)?	YES	NO
4. Ever taken any supplements or vitamins to help gain/lose weight or improve athletic performance?	YES	NO
5. Ever passed out during/after exercise or become ill from exercising?	YES	NO
6. Ever fainted/warrior than expected during exercise or complained of extreme fatigue?	YES	NO
7. Ever had chest pain or unusual/irregular heartbeats during or after exercise?	YES	NO
8. Had any history of heart problems, heart murmur, high blood pressure or high cholesterol?	YES	NO
9. Had any family member or relative die before the age of 50 or die of heart-related problems?	YES	NO
10. Had any family history of specific heart issues? If "YES," check all that apply: <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Sudden Cardiac Death	YES	NO
11. Had any history of concussion, head injury, loss of memory or being unconscious?	YES	NO
12. Had frequent or severe headaches?	YES	NO
13. Had any history of seizures, convulsions or fainting episodes?	YES	NO
14. Ever had a "stinger," "burner," or pinched nerve (numbness or tingling down an extremity)?	YES	NO
15. Had any problems with vision that require glasses, contacts, or protective eyewear?	YES	NO
16. Had special protective or corrective equipment/devices that are not usually used for sports? Examples: knee braces, neck roll, foot orthotics, retainer for teeth, hearing aids?	YES	NO
17. Been diagnosed with a contagious skin condition within the past month?	YES	NO
18. Ever broken/fractured any bones or dislocated any joints?	YES	NO
19. Had any recurring problems with pain or swelling in back, muscles, tendons, bones or joints?	YES	NO
20. Is your child currently under the care of a physician for any medical, orthopedic or emotional concerns?	YES	NO
21. Had any history of asthma, allergies to foods, medicines, or stinging insects? If "YES," what medicines are used? Is (are) (medication)?	YES	NO
22. Does your child require any special health procedure(s) during the regular school day or during athletics?	YES	NO
23. Is your child currently taking any prescription or "over-the-counter" medications or using an inhaler or spigot? If "YES," list all medications: Medication: _____ Dose: _____ Frequency: _____ Medication: _____ Dose: _____ Frequency: _____ Medication: _____ Dose: _____ Frequency: _____	YES	NO

If you have answered "YES" to any of the above questions, please explain: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  
 Signature of Parent/Guardian: \_\_\_\_\_

**Section B: PHYSICAL EXAM REQUIRED FOR ALL ATHLETES: Completed by a HEALTHCARE PROVIDER**

General:	Normal	Chest/Lungs	Normal	Visual acuity (Distance):	Right: /	Left: /
Eyes, ears, nose, throat:		Neck		<input type="checkbox"/> Corrected	<input type="checkbox"/> Uncorrected	
Cardiovascular:		Abdomen		Height:		Blood pressure:
Femoral pulses:		Skin		Weight:		Pulse:

Musculoskeletal:	Normal	Normal	Normal
Neck/Shoulder:	Hips/Thighs	Arms/Hands	
Spine:	Knees	Ankles/Feet	

Comments: \_\_\_\_\_

Recommendation:  Full activity-No restrictions  Activity with restrictions  No contact sports  No participation  Other \_\_\_\_\_

Examining Healthcare Provider (please print): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 DATE OF EXAM: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Provider Office Stamp: \_\_\_\_\_

# Information that goes into the system:

1. All medical information
2. Medical Insurance information
3. All emergency contact
4. Code of Conduct
5. Concussion Form
6. Sudden Cardiac Arrest information
7. Non-district transportation release
8. Non-district Adopted Software release
9. Statement of Consent by parents
10. Up-to-date Physical (May/June)

# ***Sudden Cardiac Arrest***

## **A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians**

### **What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

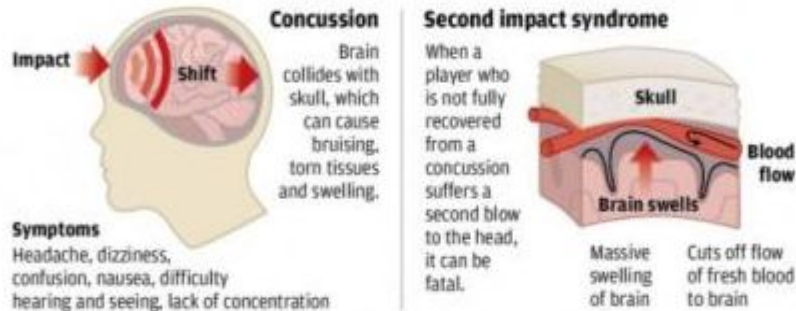
# Concussion

## What is a concussion and how would I recognize one?

A concussion is a mild traumatic brain injury, which results in a temporary disruption of normal brain function and may cause immediate, short-term or long-term impairment of neurological function. A concussion can be caused by a bump, blow or jolt to the head or body, that may or may not result in loss of consciousness. A student-athlete does not have to lose consciousness (“knocked-out”) to suffer a concussion. A second concussion that occurs before the brain recovers from the first can slow recovery or increase the chances of long-term problems. In rare cases, brain swelling can result leading to permanent brain damage or even death (Second Impact Syndrome).

### Traumatic head injuries

*A concussion occurs when a blow to the head results in the brain slamming against the skull.*



SOURCE: American Academy of Neurology, U.S. Centers for Disease Control and Prevention, KRT

State Journal

# *Return to Learn*

## What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest of the brain, while recovering from injury (e.g., avoid reading, texting, video games, television), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day, depending on how they feel. If recovery from a concussion is taking longer than expected, he or she may also benefit from a reduced class schedule and/or limited homework. In some cases, a formal school assessment may also be necessary. Your school or your child's medical doctor can help suggest and make these changes. Student athletes should complete the Return to Learn process first before beginning any sports or physical activities, unless your doctor makes other recommendations.



# RETURN TO PLAY: 7 DAY MINIMUM

## How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer or other identified school administrator. Please see [cifstate.org](http://cifstate.org) for a graduated return to play plan.

*[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]*

Athletic Trainer: Brittany Frymire

[brittanyfrymire@iusd.org](mailto:brittanyfrymire@iusd.org)





# ImPACT



## **ImPACT™ Immediate Post-Concussion Assessment and Cognitive Testing**

To assist IUSD in its goal of identifying possible concussions, and preventing premature return to play, the District shall utilize a program called ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) to gather baseline information. ImPACT is a computerized test that takes about 25 minutes to complete. ImPACT recommends that it be administered by an ImPACT trained athletic trainer, school nurse, athletic director, team doctor or psychologist. If a concussion is suspected, the baseline report will serve as a comparison to post-injury ImPACT tests, which licensed healthcare providers can use to assess potential changes or damage caused by a concussion.

It is the District's intention that all of the following athletic teams (at all levels) complete the ImPACT baseline test:

### **Fall Sports**

**Football**  
**Volleyball (Girls)**  
**Water Polo (Boys)**  
**Pep Squad**

### **Winter Sports**

**Basketball (Boys & Girls)**  
**Soccer (Boys & Girls)**  
**Wrestling**  
**Water Polo (Girls)**

### **Spring Sports**

**Baseball**  
**Lacrosse (Boys & Girls)**  
**Volleyball (Boys)**  
**Softball**

# STUDENT AND PARENT CODES OF CONDUCT

## General Student Conduct

Academic and personal integrity is to be adhered to at all times. Any issues related to problems of a disciplinary nature, in or out of school, including threats, bullying, harassment, or hazing may result in disciplinary consequences. Students convicted of a crime, including violation of Technological Resources Acceptable Use Policy, theft or acts of violence/vandalism, will also warrant consequences.

## Conduct of Parents and Spectators

At the high school level, the importance of parents behaving as model spectators cannot be overstated. Spectators, both students and adults, are an important and integral part of all athletic events. Spectators serve to validate the positive values learned through athletic experiences and to support the personal efforts and successes of individual athletes.

## Learning Through Winning in Competition

In winning, as in losing, the long-range value of the experience is promoted under certain conditions. An undue emphasis on winning can easily leave the false impression with student athletes that their athletic activity has value ONLY if the competition results in a "win."

Parents can help athletes learn the real value of winning by:

- Offering congratulations for winning AND identifying and discussing the efforts made by individuals and by the team.
- Rewarding the winning efforts AND rewarding the growth in individuals and in the team - the growth that contributed to the win.
- Emphasizing competitiveness.
- Emphasizing doing your best.
- Reinforcing a growth mindset by emphasizing the process of development, the effort and choices one can personally control.

# *PHS Athletic Code: Use of illegal substances*

**Steroids:** Synthetic substances similar to the male sex hormone testosterone. They do have legitimate medical uses. Sometimes doctors prescribe *anabolic steroids* to help people with certain kinds of anemia and men who don't produce enough testosterone on their own. Doctors also prescribe a different kind of steroid, called corticosteroids, to reduce swelling. Corticosteroids are **not anabolic steroids** and do not have the same harmful effects. Doctors never prescribe anabolic steroids to young, healthy people to help them build muscles. Without a prescription from a doctor, steroids are illegal.

Drugs, Alcohol, Tobacco (E-Cigs and Vaping)

Please note: IUSD does not recommend use of any dietary supplement without the consent of a California licensed medical doctor (protein/creatine).

# ***PHS Athletic Code: Use of illegal substances***

I.U.S.D. POLICY 5131.2 \*Not including Sales/Manufacturing

First violation of the policy disciplinary action:

1. Suspension from school a minimum of two days.
2. Required participation in a 3 day Substance Abuse Program.
3. Suspension for 10 days from any extracurricular activity. This includes practice and games or 20% of the games if it happens during the off-season or summer.
4. Possible recommendation for expulsion.

# *PHS Athletic Code: Use of illegal substances*

I.U.S.D. POLICY 5131.2 \*Not including Sales/Manufacturing

2nd violation of the policy disciplinary action:

1. Suspension from school for 5 days.
2. Recommendation of transfer to Creekside.
3. Recommendation for expulsion.
4. Suspension from all extracurricular activities for the rest of the year.



# PHS ATHLETIC CODE: HAZING

Hazing is a term used to describe various ritual and other activities involving harassment, abuse or humiliation used as a way of initiating a person into a group.

Hazing will NOT be tolerated.

IUSD has a zero tolerance policy and student(s) found guilty will be removed from school!

# TRANSPORTATION

When a student athlete rides a bus to an athletic event it is mandatory that the athlete ride back on the bus.

An exception would be made only in an emergency situation. This would be cleared by the head coach or athletic director only.



## *Leaving School Early for an Athletic Event*

We do not like students to miss class for an athletic event however, sometimes this is necessary.

It is the athlete's responsibility to make up all work that is missed. This includes test, quizzes, and class work.



# *Locker Room*

Please make sure you do NOT leave any valuables in your locker.

If you do have specific valuables please give them to the coach to lock up.

Make sure your lock is completely locked . Pull on it to make sure it is secure.



# EQUIPMENT CHECK OUT

Every sport has some equipment/uniform check out.

It is the athlete's responsibility to take care of all items checked out to them.

General care is important e.g. washing. If equipment/uniforms are lost it is the athlete's responsibility to pay for the items.

Non-compliance with this can cause a uniform to be withheld (next sport) until payment has been made.

# OFF-SEASON

Not every sport has an off-season.

It is the responsibility of the athlete to attend 7th period off-season if enrolled in the course.

This class may be instructed by their coach or another coach on campus.

There is a grade and credit given so it is imperative that each athlete attends and participates in the class. Failure to do so will cause a failure in the class.

# The truth about athletic scholarships and athletic careers

A study published by the National Federation of State High School Associations, of which the California Interscholastic Federation (CIF) is a member, showed that only two percent of the nation's high school athletes get college athletic scholarships. The average athletic scholarship is just less than \$11,000.

- The study adds that 0.08 percent of all high school football players will be selected in the NFL draft, 0.45 percent of high school baseball players will play Major League Baseball, and 0.03 percent of high school boys' basketball players will be taken in the NBA draft *(as reported by Steve Fryer, Orange County Register)*.

Athletics offers the opportunity to learn many skills valuable in all aspects of life. Engagement and success in school overall is one clear benefit. The data below was collected using information from the Arkansas Public School Computer Network (APSCN) and archival sources.



# *Time to meet the head coaches:*

Boys Volleyball - Eric Graham



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Baseball- Michael Nagamatsu

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Boys Lacrosse- Austin Morales



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