



WOODCREST CHRISTIAN SCHOOL  
Athletic Participation Permission Form

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please read the important information that follows. Your signature on this form releases your student for participation in Woodcrest Christian School athletics and indicates your understanding of the conditions by which students will be permitted to participate.

**ACADEMIC ELIGIBILITY REQUIREMENTS:**

Not less than a 2.0 ("C") Grade Point Average (GPA) and no "F's" in the previous grading period.

**INSURANCE:**

Students participating in interscholastic sports are required to have medical insurance. Woodcrest Christian School does NOT provide ANY medical coverage for its athletes. Please provide the following insurance information as evidence of your student's existing medical coverage. If your student is not insured, you must purchase medical insurance coverage for him/her. All costs for such insurance coverage will be the responsibility of the parents (or guardians).

**PHYSICAL:**

An annual physical exam is required for any student to participate in interscholastic authorized school practice sessions, pre-season try-outs, summer programs and athletic competitions in any sport.

**RISKS OF INJURY:**

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students and parents/guardian must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments muscles, tendons, and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.

Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment, and other team rules, etc., both in competition and practice and agree to obey such instructions.

If any of the foregoing is not completely understood and you have questions, please contact the school athletic director or school administrator for further information.

**AUTHORIZATION:**

Full authorization is given for the administration of any medical treatment deemed necessary by a licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide "Authority and Power" on the part of the school authorities to provide reasonable care.

I have read this entire packet and will abide by all its provisions. I hereby give my consent for the above-named student to participate in sports including regularly scheduled trips by supervised school transportation and private car-pooling. I certify that all information provided in this packet is accurate and understand that Woodcrest Christian School shares no responsibility in the payment of medical fees incurred by injuries to participants in its athletics program. I will keep the insurance named in force during the time my student tries out, practices, and/or competes in athletics. I agree to be responsible for the safe return of all school equipment issued to the student, and I will pay for articles lost or damaged beyond normal use.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## Parental Code of Conduct

*“everything should be done in a fitting and orderly way” (1 Cor. 14:40)*

The CIF, in its quest to “Pursue Victory with Honor,” has identified “Six Pillars of Character.” These include trustworthiness, respect, responsibility, fairness, caring, and good citizenship. Your athlete must sign a CIF Code of Ethics indicating his or her adherence to these principles (see pg. 3 of this form). In addition, we would like to ask parents to help model the following characteristics.

**Respect** – Treat all people with respect at all times and require the same of your student-athletes. Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

**Respect for Officials** – Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

**Class** – Teach your athlete to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.

**Spirit of the Rules** – Honor the spirit and the letter of rules. Teach your athlete to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

In addition to these characteristics, we ask your help with another issue. We have found that one of the greatest sources of contention between parents and coaches is the issue of playing time. We recognize that all parents want their athlete to play as much as possible. Coaches have to weigh many factors (including demonstrated skill, effort and progress shown in practice, performance in games, attitude, etc.) in determining playing time. Please trust our coaches’ decisions on the amount of playing time given to your athlete.

I recognize that by violating this code of conduct I am jeopardizing the working relationship between school and home necessary for my athlete’s participation in the WCS sports program. I have read and I understand the requirements of this Code of Conduct. I further understand that my family, invited guests, and I must submit to the leadership of the coach(es) and athletic staff. I recognize that my privilege to attend athletic contests may be withdrawn for failure to comply with these standards.

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

10932 Pine Street  
Los Alamitos, California 90720

Telephone: 562-493-9500  
Fax: 562-493-6266

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## Code of Ethics - Athletes

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.

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 (Article 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 recognize that under CIF Bylaw 200 D, there could be penalties for false or fraudulent information. We also understand that the Woodcrest Christian School System policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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Printed Name of Student Athlete

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Signature of Student Athlete

Date

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Signature of Parent/Caregiver

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.



Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Consent To Participation Of Student In Athletics  
Authorization And Consent To Medical/Dental Care  
Waiver Of All Rights And Claims Against School Regarding Athletics**

I hereby give consent for \_\_\_\_\_ to participate in the Woodcrest Christian School System (herein referred to as School) Athletic program. Participation includes, but is not limited to, athletic tryouts, practices, games, and school provided transportation to and from such events.

I hereby grant to School and their employees and agents the full power, authority, and right while the student(s) are in School's care or supervision and in the event of a medical/dental emergency during the above listed date(s) and or event to consent to and/or authorize any medical or dental examination, diagnosis, treatment, x-ray, anesthetic, prescriptions, surgery, hospital care, transportation, or any other medical or dental treatment, care, service, or procedure done under the care and advice of a person duly licensed to perform such acts (all such actions herein referred to as "care"). They shall have the full power, authority and right to authorize such care to the same extent as I would as parent(s) and pursuant to the same information, procedures, provisions, circumstances, and other matters that I would be entitled to as parent with the same discretion and authority. I hereby assume all financial responsibility and agree to pay for all such care. This authorization is further given pursuant to the provisions of Section 25.8 of the Civil Code of California and all other applicable laws.

I hereby authorize any hospital or health care professional which has provided care to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to said adult(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California and any other applicable laws.

I hereby agree to indemnify and hold School, and all its agents, employees, officers, directors and all others connected with or related to School, free and harmless from any injury, loss, damage, claim or other detriment or adverse consequences regarding or related to any care provided or not provided student. I also hereby waive all claims and rights against School and its agents, employees, officers, directors and all others connected with or related to School for any injury, accident, illness, death, and all other loss, damage, claim or other detriment or adverse consequences resulting from or regarding such activity(ies) and all related and associated activities and occurrences.

I hereby sign this authorization not only on behalf of myself but also for, on behalf of, and as agent for any other parent or legal guardian of said student and certify that the undersigned has the full legal custody, control, care, power, authority and right to agree to all these things without the need for consent or agreement from any other person(s).

These authorizations shall remain effective for the current school year and/or until revoked in writing.

I declares and certify under penalty of perjury under the laws of California and any other state that the above is true and correct and within my own personal knowledge.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date



# WCS Athletic Participation Permission Form

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of  
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Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## Eligibility Information

Age: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade (9<sup>th</sup>-12<sup>th</sup>): \_\_\_\_\_

Has student attended any other high school?  Yes  No Name of school: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ (Dates) City: \_\_\_\_\_ State: \_\_\_\_\_

Did student participate in sports?  Yes  No If yes, which sports? \_\_\_\_\_

## Medical Information

Allergies to drugs or food: \_\_\_\_\_

Conditions for which minor is currently being treated: \_\_\_\_\_

Current medications: \_\_\_\_\_

Restrictions on activity: \_\_\_\_\_

## Medical Care Information

Date of last physical: \_\_\_\_\_ (A copy of the approved form must be submitted prior to try-outs)

Primary care physician's name: \_\_\_\_\_

Primary care physician's phone number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

## Emergency Contact Information

Household Address: \_\_\_\_\_

Mother's full name (please print): \_\_\_\_\_

Mother's telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's full name (please print): \_\_\_\_\_

Father's telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Emergency Contact Secondary Phone # \_\_\_\_\_



Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## Concussion/Head Injury Notification Form

### What can happen if my child keeps on playing with a concussion or returns too 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 physician trained in the evaluation and management of concussion and received written clearance to return to play from that physician. Once cleared, “a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator must be implemented.” If a concussion diagnosis has been made by a physician, the student may return to play (full competition) no sooner than 7 days after the concussion diagnosis has been made by a physician.”

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

By signing below, the athlete and parent signify their understanding of the dangers of concussions and head injuries and agree to abide by the specifics of CIF Bylaw 313 and CA AB 2127.

\_\_\_\_\_  
Parent Signature

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

Date \_\_\_\_\_

Date \_\_\_\_\_



Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## Concussion/Head Injury Notification Form

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"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### 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 incoordination
- 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

***Please Detach This Sheet and Save for Your Records***





## 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.

### How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their play-ing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

### What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

### The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

#### Early Recognition of Sudden Cardiac Arrest

- Collapsed and unresponsive.
- Gaspings, gurgling, snorting, moaning or labored breathing noises.
- Seizure-like activity.

#### Early Access to 9-1-1

- Confirm unresponsiveness.
- Call 9-1-1 and follow emergency dispatcher's instructions.
- Call any on-site Emergency Responders.

#### Early CPR

- Begin cardiopulmonary resuscitation (CPR) immediately.
- Hands-only CPR involves fast and continual two-inch chest compressions— about 100 per minute.





**Early Defibrillation**

Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a by-stander to use in an emergency situation.

**Early Advanced Care**

Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

**Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)**

Tell your coach and consult your doctor if these conditions are present in your student-athletes.

Potential Indicators that SCA May Occur

- Fainting or Seizure, especially during or right after practice
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

**Factors That Increase the Risk of SCA**

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, “recreational” drugs, excessive energy drinks or performance-enhancing supplements

**What is CIF doing to help protect student-athletes?**

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

By signing my name I agree I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student’s sports program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date