

CAPISTRANO UNIFIED SCHOOLDISTRICT
Dance and Pep Squad CLEARANCE PACKET

The Following Forms must be completed, signed and returned to the Activities/Athletic Office. **Do not give to your coach.** **Partial packets will not be accepted. Please make a copy for your records.**

- _____ 1. CUSD Physical Screening Form (must have doctor's stamp)
- _____ 2. CUSD Athletic Code of Honor
- _____ 3. CUSD Athletic Insurance Verification and Copy of Insurance Card
- _____ 4. CUSD Sports Waiver and Release of Liability
- _____ 5. Concussion Information Sheet
- _____ 6. Sudden Cardiac Arrest Parent Review Form
- _____ 7. NCAA Acknowledgement & Clearance Form
- _____ 8. Social Media Acceptance Policy
- _____ 9. Clearance / Consent Confirmation Page

TO ALL PARENTS/GUARDIANS & STUDENTS OF CUSD:

It is our goal to provide a rewarding educational experience for your student. The Capistrano Unified School District offers voluntary participation in a wide range of interscholastic athletic teams. Participation is a privilege, not a right; therefore we strongly adhere to requirements of academic eligibility and citizenship/behavior. Our coaches are supported in their professional freedom to make coaching choices and decisions that are sport specific. *We strive to teach our student-athletes the concepts of team goals and school pride as opposed to individual honors and recognition.* We also recognize your love and concern for your child. If there is a conflict in these objectives, we are here to resolve them. Please take the time to carefully read, understand, complete, and sign where indicated on all forms contained in the packet. **THE INFORMATION IS MANDATORY AND MUST BE COMPLETELY FILLED OUT PRIOR TO ANY STUDENT'S PARTICIPATION IN ATHLETIC OR PHYSICAL ACTIVITIES (INCLUDING TRY-OUTS)** at CUSD High Schools. We appreciate your support and thank you for your cooperation.

HIGH SCHOOL SPORT SEASON

PEP SQUAD Year-round
DANCE Year-round

ELIGIBILITY REQUIREMENTS

- 1) **SCHOLASTIC:** all athletes must have passed 20 units (four classes) of new work during the previous semester. Summer school grades may be counted. A student-athlete will be placed on academic probation of no more than one semester if his or her semester GPA falls below Board Policy requirements for participation in the Extracurricular and Cocurricular Activities (BP 6145). Students granted probationary eligibility must meet the required standard by the end of the probationary period in order to remain eligible for participation.
- 2) **RESIDENTIAL:** all athletes must reside in the appropriate CUSD high school attendance area in a bona fide residence with their parents or legal guardian (s). All transfers to CUSD high schools must call that school's Athletic Director and complete appropriate paperwork. For Dance the (ACTIVITIES DIRECTOR).
- 3) **MEDICAL EXAMINATION:** each athlete must have a physical exam by a qualified physician (MD, DO, NP, or PA) on file prior to tryouts, practice, or competition. The physical exam is valid for one calendar year.
- 4) **INSURANCE:** all athletes must have a **copy** of a medical insurance card on file **before** participation. Myers-Stevens Insurance is available for those that need or would like additional insurance coverage. Information is available in the Main Office of the school or by calling Myers-Stevens and Toohey at (949) 348-0656 or (800) 827-4695.

**CAPISTRANO UNIFIED SCHOOL
DISTRICT Dance & Pep Squad
2024-25 CLEARANCE PACKET**

SPORTS: (fall) _____ (winter) _____ (spring) _____

Name _____ Grade in 24-25 _____ Male _____ Female _____ Date of birth ____ / ____ / ____

Address _____ City & Zip Code _____ Phone _____

Father/Guardian _____ Work phone _____ Cell phone _____

Mother/Guardian _____ Work phone _____ Cell phone _____

Emergency Contact _____ Phone _____ Insurance _____

***I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM.

<u>Any past or present:</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Problems with vision	_____	_____	Surgeries	_____	_____
Eyeglasses	_____	_____	Dental problems	_____	_____
Contacts	_____	_____	Braces	_____	_____
Problems with hearing	_____	_____	False teeth	_____	_____
Hearing aid.	_____	_____	Painful joints	_____	_____
Blacking out or fainting	_____	_____	Broken bones	_____	_____
Unconsciousness	_____	_____	Body part, date _____	_____	_____
Convulsions,	_____	_____	Knee or ankle problems	_____	_____
seizures	_____	_____	Require support/brace	_____	_____
Heart problems	_____	_____	Need for medication	_____	_____
			Name _____		
Rheumatic fever	_____	_____	Menstruation problems	_____	_____
Bleeding disorders	_____	_____	Hernias	_____	_____
Blood sugar problems	_____	_____	Asthma	_____	_____
Hypoglycemia	_____	_____	OTHER HEALTH ASPECTS THE DOCTOR		
Diabetes	_____	_____	AND SCHOOL SHOULD BE AWARE OF:		
Allergies- type _____			_____		
Bee or insect stings	_____	_____	_____		
Hospitalizations	_____	_____	_____		
Any history of chest pain with exercise?				_____	_____
Any history of "racing" heart or skipped beats?				_____	_____
Do you experience passing out, near passing out or unexpected tiredness during exercise?				_____	_____
Any family history of sudden cardiac death in a family member under the age of 50?				_____	_____
Any family history of Marfan's syndrome Or prolonged QT syndrome?				_____	_____
Any history of temporary numbness or paralysis of both arms and/or legs following head/spine trauma?				_____	_____
Any history of recent severe viral illness, infectious mononucleosis, or hepatitis?				_____	_____
Any history of the following: absence of one kidney?				_____	_____
males: absence of one testicle?				_____	_____
Any history of blindness in one eye?				_____	_____
Any current active skin infection?				_____	_____

PHYSICAL EXAM: DATE _____ HEIGHT _____ WEIGHT _____

PULSE: RESTING _____ AFTER ACTIVITY _____ B.P. _____

EYES _____	THROAT _____	ABDOMEN _____	ORTHOPEDIC _____
EARS _____	LYMPH GLANDS _____	HERNIA _____	SKIN _____
TEETH _____	THYROID _____	POSTURE _____	OTHER _____
BRACES _____	HEART _____	MUSCLE TONE _____	
NOSE _____	LUNGS _____	REFLEXES _____	

Special doctor recommendations or restrictions _____

**I have examined the above student and do recommend that he/she is physically fit for full participation in sports.
(Must be signed by a PHYSICIAN, PHYSICIAN'S ASSISTANT or NURSE PRACTITIONER)**

Name of physician _____ M.D/DO/PA/NP Date _____ ****Physician's Office Stamp****

Signature _____ Phone _____

CAPISTRANO UNIFIED SCHOOL DISTRICT

ATHLETIC CODE OF HONOR

The goal of athletic participation is to provide a rewarding educational and co-curricular experience for all students. All participants must commit to exemplary conduct and behavior as a representative of the school, District, and community.

As a participant in Capistrano Unified School District athletics, I agree to the following:

1. To recognize that participation in athletics is a privilege and not a right; as such, the privilege may be revoked if the student-athlete does not abide by the Athletic Code and follow school and District policies.
2. To meet the minimum academic requirements established by the Board of Trustees of the Capistrano Unified School District and California Interscholastic Federation (CIF) for eligibility. (see Board Policy 6145)
3. To recognize that student athletes have a primary responsibility to attend and pass their classes.
4. To recognize that interscholastic athletic competition must demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. Participants agree to commit to the six pillars of character found in the District/CIF "Pursuing Victory with Honor" sportsmanship code: **trustworthiness, respect, responsibility, fairness, caring, and citizenship.**
5. *To recognize that suspension for offenses to Education Code 48900 will result in competition ineligibility during the time of suspension. Specifically, students will not use or possess alcoholic beverages, drugs, drug paraphernalia or narcotics. Students will not use or possess androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the A.M.A) to treat a medical condition (as mandated by CIF Bylaw 514).*
6. To remain as a team member throughout the season of the sport, an athlete who quits or leaves a team after CVAA League play begins cannot go out for another sport or transfer into another athletic class until his/her original season has ended. An athlete who quits or leaves a team during the pre-league season can go on to another sport with approval of both head coaches and athletic director.
7. To recognize that an athlete cannot compete in two sports during the same season without the prior approval of both head coaches and athletic director.
8. To recognize that specific standards of behavior and appropriate consequences may be set by the head coach of each individual sport. Sport specific codes must be in written form, signed, and on file with the athletic director.
9. To recognize that athletes are financially responsible for uniforms and equipment issued to them and must pay for items not turned in at the end of the season. Athletes failing to return school-issued equipment will not be permitted to receive equipment, awards, or participate in another sport until all equipment debts are satisfied. All equipment is to be turned in to the person who collects equipment no later than seven (7) school days after the end of the season.

Any violation of the rules and standards may result in suspension from athletics for the remainder of the season of the sport in which the athlete is currently participating. A violation to item 5 above will result in a loss of all privileges and suspension from athletics, activities, or events for 90 school days, and the athlete will be removed from the athletic period during this suspension. A violation of item 5 above may result in a recommendation for expulsion from CUSD.

Students, parents/guardians, and community members within the District who have a complaint or disagreement about a district issue, situation, or employee decision or action and seeking a specific redress are asked to follow Board Policy 1312.1 (Complaint Policy) in order to have the complaint, grievance, or difference of opinion addressed in an orderly manner.

I have read and fully understand the above regulations. I realize that failure to comply with any of these rules will result in immediate action by my coach, Athletic Director, or school authority.

Signature of Athlete

Date

Signature of Parent/Guardian

Date

CAPISTRANO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE VERIFICATION

Education Code Section 32221.5. Under state law, school districts are required to ensure that all members of school athletic teams have accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: 1(800)281-9799.

If you have at least \$1500, accidental bodily injury insurance, please fill out ITEM 1 below (**medical card required**).
If you do not have accidentally bodily injury benefits for your son, daughter, or ward, please fill out ITEM 2 below.

ITEM 1 The athlete has accidental bodily injury insurance providing at least \$1500 of scheduled medical hospital benefits.

ATHLETE'S NAME _____

PARENT/GUARDIAN SIGNATURE _____

ITEM 1 PROOF OF INSURANCE IS REQUIRED

****PLEASE ATTACH A PHOTOCOPY OF
INSURANCE CARD HERE****

ITEM 2 the athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVEN'S & TOOHEY APPLICATION and mail directly to Myers-Stevens & Toohey & Co. Inc.

ATHLETE'S NAME _____

INTERSHOLASTIC
Grades 9-12

(SEE MYERS STEVEN'S BROCHURE FOR APPLICATION AND PRICING)

FULLTIME (2417) SCHOOL TIME
ACCIDENT PLAN

(BOTH PLANS COVER ALL INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL) DENTAL PLANS

(SEE MYERS STEVEN'S BROCHURE FOR APPLICATION AND PRICING)

*We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested.
(Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)*

Parent/Guardian Signature _____

Date _____

CAPISTRANO UNIFIED SCHOOL DISTRICT DANCE WAIVER
AND RELEASE OF LIABILITY

_____ (Hereinafter "Student") and
_____ Student's parents ("Parents/Guardians") acknowledge and agree that they must assess the risks involved in the participation in competitive cheerleading and make the choice to participate in spite of potential risk of serious, catastrophic, and perhaps fatal consequences. Student and Parents/Guardians acknowledge and agree that no amount of instruction, precaution or supervision will totally eliminate the risk of injury or of adverse medical consequences to Student. Participation in cheerleading is inherently dangerous and may be severely impacted by Student's existing medical conditions.

By granting permission to Student to participate in cheerleading competition, Parents/Guardians acknowledge that playing or practicing cheerleading can be a dangerous activity involving many risks of injury. Both the Student and Parents/Guardians understand and agree that the dangers and risk 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 the potential impairment of other aspects of the body, general health and well-being.

Student and Parents/Guardians acknowledge and agree that they have been warned and cautioned against to the participation of Student in such activities. Nevertheless, in order to facilitate participation of Student in such activity, Student and Parents/Guardians, agree that if Student does engage in school sponsored athletic activity including, without limitation, practice, conditioning, cheerleading competition, games, or use of school facilities, Student and Parents/Guardians do so at their own risk.

Student and Parents/Guardians agree that Student is voluntarily participating in these activities and using school facilities and premises and assumes all risk of injury, illness, damage or loss that might result, including, without limitation, injury, illness, or death. Student and Parents/Guardians agree on behalf of themselves (and their personal representatives, heirs, executors, administrators, agents and assigns (collectively "CUSD")) to release and discharge the Capistrano Unified School District, its employees, agents, representatives, coaches, assistant coaches, officials, successors and assigns, from any and all claims or causes of action (known or unknown) arising out of participation of Student in such activities and/or the negligence of CUSD. This Waiver and Release of Liability includes, without limitation, injuries which may occur as a result of Student's participation in any of the activities associated with athletic competition in practice or negligent instruction or supervision of Student.

You acknowledge that you have completely read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring legal action or assert a claim against CUSD by reason of the participation of Student in athletic activities.

_____ Date

_____ Student

_____ Date

_____ Parent/Guardian

_____ Date

_____ Parent/Guardian



Concussion Information Sheet



Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

- Looks dizzy
 - Looks spaced out
 - Confused about plays
 - Forgets plays
 - Is unsure of game, score, or opponent
 - Moves clumsily or awkwardly
 - Answers questions slowly
 - Slurred speech
 - Shows a change in personality or way of acting
 - Can't recall events before or after the injury
 - Seizures or has a fit
 - Any change in typical behavior or personality
 - Passes out
-

Symptoms may include one or more of the following:

- Headaches
 - Pressure in head"
 - Nausea or throws up
 - Neck pain
 - Has trouble standing or walking
 - Blurred, double, or fuzzy vision
 - Bothered by light or noise
 - Feeling sluggish or slowed down
 - Feeling foggy or groggy
 - Drowsiness
 - Change in sleep patterns
 - Loss of memory
 - "Don't feel right"
 - Tired or low energy
 - Sadness
 - Nervousness or feeling on edge
 - Irritability
 - More emotional
 - Confused
 - Concentration or memory problems
 - Repeating the same question/comment
-

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 while recovering from injury (e.g., avoid reading, texting, video games, loud movies), 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. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. ARTP 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, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 212 7, a California state law that became 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.]

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.

References:

- *American Medical Society for Sports Medicine position statement: concussion in sport (2013)*
- *Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012*
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

3/2015



Concussion Information Sheet



Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to learn" and "Return to Play" protocols I will consult with my physician.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



SUDDEN CARDIAC ARREST PARENT REVIEW FORM

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form.

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 may cause SCA, but they are not the same. 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 heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 7,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- › Dizziness
- › Lightheadedness
- › Shortness of breath
- › Difficulty breathing
- › Racing or fluttering heartbeat (palpitations)
- › Syncope (fainting)
- › Fatigue (extreme tiredness)
- › Weakness
- › Nausea
- › Vomiting
- › Chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs:

- › Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- › Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.

Removal from play/return to play

- › Any student athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- › Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA

_____	_____	_____
Signature of Student-Athlete	Print Student-Athlete's Name	Date

_____	_____	_____
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date



**CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, CA 92675**

NCAA Clearinghouse Acknowledgment

Athletes and Parents,

CUSD is committed to supporting athletes with the goal of competing at the NCAA level. The items below represent an ongoing collaboration between the Guidance Department and the Athletics Department for our student athletes as well as the understood role the student and family must take in this process.

1. The Guidance Office will direct any potential student athlete to the NCAA eligibility center, providing student athletes and parents with appropriate resources on NCAA eligibility.
2. CUSD Staff are committed to being trained on the NCAA 'Clear the Clearinghouse.'
3. NCAA Clearinghouse information is in the "CUSD Students Athletic Handbook."
4. NCAA Clearinghouse information is in the "CUSD Coaches Handbook," which is disseminated as a part of the hiring process and during coach trainings.
5. NCAA information is a part of the CUSD Annual Athletic Clearance Process, requiring student/parent signature indicating that the responsibility of NCAA Clearinghouse eligibility falls on the student, the parent, and the university.

While these strategies and supports from the Guidance Department and Athletics Department are in place to support students and families through their athletic NCAA goals, *it is the responsibility of the student athlete and their parent/guardian(s) to work with the university and the NCAA Clearinghouse to gain "clearance" for their student athlete.*

Sign here that you acknowledge the above:

Student Signature _____, Parent/Guardian Signature _____

Student Print _____, Parent/Guardian Signature _____



**CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, CA 92675**

SOCIAL MEDIA ACCEPTANCE POLICY

Social media can be a useful tool to communicate with teammates, fans, friends, coaches, and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruiting process, a new job, or other areas of your life.

Recognizing the above (Initial in each box & sign below):

- I take responsibility** for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear
- I will not degrade** my opponents before, during, or after games
- I will post only positive** things about my teammates, coaches, opponents and officials
- I will use social media** to purposefully promote abilities, team, community, and social values.
- I will consider the following**, "Is this the me I want you to see?" before I post anything online
- I will report comments** that are inflammatory in nature to my coach and/or administrator, but will not retaliate
- If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, **I will talk to the team captain, or a coach.**
- I am aware** that I represent my sport(s), school, team, family and community at all times, and will do so in a positive manner.

I understand that this is my warning. Therefore, by signing below I acknowledge that failing to adhere to the above guidelines may have negative consequences. Consequences could include: loss of playing time, game suspension or dismissal from the team. Coaches and school personnel can and will monitor social media profiles.

Student-Athlete Signature

Date

Parent Signature

Date



**CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, CA 92675**

2024-2025 Clearance/Consent Confirmation Page

Dear Parent,

This message is to let you know that your student has completed their portion of the athletic clearance process. This is a check off sheet. Your information will be reviewed for student participation in Dance for the school year.

The final step in this process requires all of the following paperwork submitted to the Activities Director or the Athletic Director, depending on which position oversees your child’s activity at your school site. Please read, the following check off list to insure that all requirements have been completed.

1. Check (below) making sure that you have signed off and are submitting the necessary paperwork.

Your signature below indicates acknowledgement and approval of the following forms/policies:

- I agreed to follow the policies and rules described by Capistrano Unified School District and your school’s Athletic/Activities Department.
- I understand that my physical signature on all documents indicate I have reviewed and approve all clearance forms to participate in this activity.
- I have reviewed and completed the ‘Athlete Physical Form’
- I have reviewed and signed the ‘Athletic Code of Honor’
- I have reviewed and signed the ‘Insurance Verification’
- I have reviewed and signed the ‘Sports Waiver and Release of Liability’
- I have reviewed and signed the ‘Concussion Information Sheet’
- I have reviewed and signed the ‘Sudden Cardiac Arrest Review Parent Review Form’
- I have reviewed and signed the ‘NCAA Acknowledgement & Clearance Form’
- I have reviewed and signed the ‘Social Media Acceptance Policy’
- I have reviewed and signed the ‘Clearance/Consent Confirmation Page’

2. Sign this form.

3. Return this packet to your Athletic / Activities Department with an up-to-date physical.

I hereby give my consent for my student to participate in this activity. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital 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 representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school. Your signature below verifies that you and your student agree to these terms.

Student Signature _____, Parent/Guardian Signature _____ Date _____

Student Print _____, Parent/Guardian Signature _____ Date _____