



**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT ATHLETICS**  
**STUDENT-ATHLETE ELIGIBILITY PACKET**  
**1108 Bissell Ave. Richmond, CA. 94804 510.231.1100**

**Student Information:**

_____	_____	_____	_____
Student Last Name	Student First Name	Year in school	School year
_____		_____	_____
Home Address		City	State
_____		_____	_____
_____	_____	_____	
Home Phone	Cell Phone	Student Email	
_____		_____	_____
Parent/Guardian Name		Home Phone	Work Phone
_____		_____	_____
Parent/Guardian Name		Home Phone	Work Phone
_____		_____	_____

**Current School:**

_____	_____
High School	High School attended last year (if different)

Select the sport(s) you will participate in each season:

_____	_____	_____
Fall Sports	Winter Sports	Spring Sports

**[Redacted]** to download **Physician's Clearance Form**. When completed by Physician please scroll to bottom of page and upload completed form by clicking on "Add Attachment".

**[Redacted]** to download **Parent Consent Form**. When parent(s) has reviewed all eligibility forms and signed the consent document please scroll to bottom of page and upload completed and signed form by clicking on "Add Attachment".



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## **EXTRACURRICULAR & ATHLETIC PROGRAM AGREEMENT**

**A**s a representative of the West Contra School Unified District, I agree to adhere to the following policies and principles as a participant in extracurricular activities and athletics. I realize that my participation in these programs is a privilege and any failure to abide by the foregoing guidelines will result in my dismissal from a program or team at my respective site:

- **Maintain a minimum of at least a 2.0 grade point average with no more than one “F” grade per a semester grading period.**
- **Ensure that all required emergency information is on file prior to any participation or involvement: medical release form, parent permission and consent for treatment form, insurance information.**
- **Ensure that all school fees have been resolved: student activity fees, uniform costs, library fees, etc.**
- **Maintain 95% attendance, with the exception of an on-going illness or emergency, and report all absences to the school immediately.**
- **Be punctual and on-time for all classes.**
- **Maintain solid citizenship at school and avoid any disciplinary matter that may lead to expulsion from a school. Any student participating in extra curricular activities or on athletic teams will forfeit their privilege to participate if he or she exceeds more than 5 days of suspension during a semester.**
- **Maintain reasonable progress toward graduation. Any student who falls behind one or more grade levels relative to his or her peers will not be allowed to participate in extracurricular activities or athletics.**
- **Attend all practices and competitions as outlined by your advisor or athletic coach.**

**I** have reviewed the following guidelines, and I will make every effort to ensure that I abide by the preceding principles:

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

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

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



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## **ATHLETE EJECTION POLICY NOTIFICATION FORM**

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. The policy will be in effect beginning with the 1995-1996 school year, (and will include non-league, league, invitation 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, postseason (league, section or state) playoff, etc.)
2. Illegal participation in the next contest by a player ejected in a previous contest.  
**Penalty:** The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during the season.  
**Penalty:** The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench 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, post-season (league, section or state) playoff, etc.).

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

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

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

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

**Note:** The signed policy statements are to be maintained at each school. An Ejection Policy Notification Form is to be filed, according to the league policy, either the league commissioner or with the North Coast Section.



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**AGREEMENT FOR STUDENT-ATHLETE & PARENT/GUARDIAN  
USE OF STERIODS**

As a condition of membership in the California Interscholastic Federation (CIF), the Governing Board of the West Contra Costa Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

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

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

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



## WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT ATHLETICS

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## CONCUSSION INFORMATION SHEET

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 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 concussions 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
- Seizure or convulsions
- Any change in typical behavior or personality
- Loses consciousness



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## **CONCUSSION INFORMATION SHEET**

### **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 the 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 athletes 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 the 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 Bylaws 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 licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from the health care provider.”

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

For current and up-to-date information on concussions  
<http://www.cdc.gov/ConcussionsInYouthSports/>

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

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

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



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**STUDENT MEDIA CONSENT AND RELEASE FORM**

Throughout the school year, students may be highlighted in efforts to promote WCCUSD activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

It is understood that WCCUSD is not responsible for inappropriate content posted by my child or another person on any social media site that may be used in school (i.e. Facebook, Twitter, Flickr, YouTube, Blogs, etc.).

**Parents will have the option to check one of the boxes on the Parent Consent Form**

I hereby give permission for my child's name/image to appear in any newspaper, television show (news or any type of educational program), or through the Internet (video, blog, article) originating from WCCUSD school activities. The appearance could include name, photo, video, and/or resemblance. I also grant permission for the WCCUSD to publish positive, educational content created by my child (blogs, pictures, videos, etc.).

I do not give permission for my child to appear in any newspapers, television show, or through Internet materials originating from WCCUSD school activities.

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

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

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



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**FOR SCHOOL/DISTRICT USE ONLY**

<b>Checklist:</b>	<b>YES</b>	<b>NO</b>
Verify address:	<input type="checkbox"/>	<input type="checkbox"/>
Verify GPA:	<input type="checkbox"/>	<input type="checkbox"/>
Verify unites completed:	<input type="checkbox"/>	<input type="checkbox"/>
Medical card completed:	<input type="checkbox"/>	<input type="checkbox"/>
Verify insurance:	<input type="checkbox"/>	<input type="checkbox"/>
Steroid form Completed:	<input type="checkbox"/>	<input type="checkbox"/>
Transfer papers completed:	<input type="checkbox"/>	<input type="checkbox"/>
Concussion form completed:	<input type="checkbox"/>	<input type="checkbox"/>
NCS Ejection form completed:	<input type="checkbox"/>	<input type="checkbox"/>
Eligible to participate:	<input type="checkbox"/>	<input type="checkbox"/>

Athletic Director  
Signature: \_\_\_\_\_

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

Principal Signature: \_\_\_\_\_

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