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<tr>
<th>TABLE OF CONTENTS</th>
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</thead>
<tbody>
<tr>
<td>ATHLETICS DIRECTORY</td>
</tr>
<tr>
<td>WCCUSD HIRING PROCEDURE</td>
</tr>
<tr>
<td>WCCUSD CLASSIFIED APPLICATION</td>
</tr>
<tr>
<td>PROPOSED ATHLETIC COACHING FORM</td>
</tr>
<tr>
<td>ACTIVITY SUPERVISOR CLEARANCE CERTIFICATE REQUIREMENTS</td>
</tr>
<tr>
<td>EXTRA DUTY PAY SCHEDULE</td>
</tr>
<tr>
<td>COACHING CERTIFICATION BULLETIN/INFORMATION</td>
</tr>
<tr>
<td>ATHLETIC DIRECTOR JOB DESCRIPTION</td>
</tr>
<tr>
<td>GENERAL COACHING RESPONSIBILITIES</td>
</tr>
<tr>
<td>DATES OF DETERMINATION</td>
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<td>ELIGIBILITY POLICIES</td>
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## HIRING PROCEDURE

### Requirements to Coach

- Pass Coaching Certification Class  
  [www.asep.com](http://www.asep.com) or [www.nfhslearn.com](http://www.nfhslearn.com)
- Complete PACF Form—From Athletic Director
- Complete District Classified Application  
  [www.wccusd.net/Documents/Departments/athletics.aspx](http://www.wccusd.net/Documents/Departments/athletics.aspx)
- Provide Current TB Certificate
- Provide Current First Aid and CPR Certification (Red Cross)
- Clear Criminal Record—Pass fingerprints
- Obtain Acclivity Supervisor Clearance Certificate  
  [ASCC](http://www.ctc.ca.gov)  
  [www.ctc.ca.gov](http://www.ctc.ca.gov)

### WCCUSD Hiring Procedure (May 1, 2010)

#### Returning Coaches

1) Fill out PACF—COMPLETELY  
   - Pay Amount  
   - Payroll Number
2) Register with CTC for Activity Supervisor Clearance Certificate $57 (EXCEPTION—CREDENTIALED TEACHER)
3) Turn in PACF to AD  
   - Get Signed by Principal
4) Applicant must call HR (510-231-1164) to be re-fingerprinted at no cost to the applicant
5) Give to Thomas Scott, HR Tech  
   - Verifies Coaching Certification  
   - Verifies PACF is filled out completely and correctly or returned to Site AD  
   - Applicant must Call HR (510-231-1164) to be re-fingerprinted at no cost to the applicant  
   - Verify Payroll ID Number  
   - Verify Current TB
6) Register with CTC for Activity Supervisor Clearance Certificate $57 (EXCEPTION—CREDENTIALED TEACHER)
7) HR sends Email to Site Principal, Site AD, District AD—Completing the Hiring Process

#### New Coaches

1) Interview with Principal and AD
2) Fill out District Classified Application
3) Provide Evidence of Coaching Certification (Coaching Education Class)
4) Provide Current TB Certificate
5) Fill out PACF—COMPLETELY  
   - Pay Amount  
   - Payroll Number
6) Register with CTC for Activity Supervisor Clearance Certificate $57 (EXCEPTION—CREDENTIALED TEACHER)
7) Turn in All above documents to AD  
   - Get PACF Signed by Principal
8) Applicant must call HR (510-231-1164) to be set up a fingerprint appointment ($52)
9) Give to Thomas Scott, HR Tech  
   - Verifies Coaching Certification  
   - Verifies PACF is filled out completely and correctly or returned to Site AD  
   - Verify Clear Fingerprints  
   - Verify Payroll ID Number  
   - Verify Current TB  
   - Verify Activity Supervisor Clearance Certificate
11) HR sends Email to Site Principal, Site AD, District AD—Completing the Hiring Process
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
1108 Brook Avenue • Richmond, California 94803-3135 • (510) 231-1185 • Fax (510) 236-0171

AN EQUAL OPPORTUNITY EMPLOYER FOR ALL MEN AND WOMEN
CLASSIFIED EMPLOYMENT APPLICATION

INSTRUCTIONS: This application is part of your total evaluation. Answer all questions completely and accurately. All statements are subject to verification. You may be disqualified or dismissed for any false statement. Please write legibly. Use only pen or typewriter.

NAME: Last   First   Middle   Home Phone   Work Phone   Manager/Cell Phone

Address   City   State   ZIP

POSITION APPLYING FOR:
(Separate application required for each position.)

CHECK TYPE(S) OF POSITIONS YOU WOULD ACCEPT:
☐ FULL-TIME ☐ LESS THAN 1-HRS/DAY
☐ PART-TIME ☐ 4 OR MORE HRS/DAY
☐ SUBSTITUTE ☐ 10-MONTH YEAR
☐ TEMPORARY ☐ 11-MONTH ☐ 12-MONTH

PERSONAL DATA AND HISTORY

1. Can you, after employment, submit verification of your legal right to work in the United States? (☐ Yes) (☐ No)

2. Have you ever been convicted of a felony or a misdemeanor other than minor traffic offenses? (☐ Yes) (☐ No)

3. Do you currently have any offenses pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial? If "Yes," please specify the charge(s), the county in which the charge(s) is pending, and the date of the trial if set. You may use Section 6 for explanations.

4. Have you ever been discharged, fired, resign or retired during a probationary period from any employment within the last ten years? If "Yes," explain in Section 6. If answer is "Yes," is it necessary to a bar to employment. Each case is given individual consideration, based on job circumstances.

5. Are you presently employed by the West Contra Costa Unified School District?

Class Title: Location

6. Education/Experience (attach additional sheets if necessary)

EDUCATION AND TRAINING

Check the appropriate box if you possess one of the following: ☐ High School Diploma ☐ G.E.D. Certificate ☐ High School Proficiency Certificate

Give highest grade or educational level achieved:

<table>
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<tr>
<th>College or University - Location</th>
<th>Years Attended</th>
<th>Units</th>
<th>Major</th>
<th>Year Completed</th>
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List any other business, trade, or special training that relates to the position (give location & dates)

SKILLS AND CERTIFICATES

1. Driver's License (required by the position): Number  Expiration Date  State

2. Other licenses or certification of professional competence related to the position:

3. Clerical/Secretarial Skills (required by the position): Typing Speed  Shorthand

List other skills including machines and equipment you operate:

4. Foreign Language(s) you speak fluently (required by the position). Indicate whether you read or write in that language:

5. List other skills, abilities, experience which would qualify you for this position:

POSITION:

SOURCE OF REFERRAL:
☐ Newspaper or Journal ☐ Referral By Employee
☐ Include Student job openings ☐ School Career Center
☐ Referral by Employment Development Department ☐ Other

Voluntary Applicant/Employee Identification Form

No information given will be used to discriminate against or give preference to any individual in any personnel transaction. Section 133 of the California Government Code permits school districts to solicit from employees a voluntary declaration of their sex in accordance with the provisions herein. Information provided will be for district in accordance with applicable federal regulations and state practices. This information will be placed in a separate, secure file, accessible for research purposes only.
WORK EXPERIENCE: Begin with most recent experience and account for all time during the last five years. Also list any other prior experience relevant to the position for which you are applying. Unless specifically excluded by minimum job requirements, verifiable voluntary experiences may be considered if job related. Use additional sheets if necessary.

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<th>Job Title</th>
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REFERENCES: If you wish, list persons, other than relatives and friends, who have knowledge of your work experience.

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<tr>
<th>NAME AND ADDRESS</th>
<th>PHONE</th>
<th>POSITION</th>
<th>RELATIONSHIP</th>
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For reference purposes, do you have your consent to contact any or all of the employers or references listed on this application? ☐ Yes ☐ No

If no, state reason ________________________________

NOTE: As a condition of employment, you will be required to be FINGERPRINTED, sign a LOYALTY OATH, SUBMIT A PHYSICAL EXAMINATION and submit verification of your LEGAL RIGHT TO WORK IN THIS UNITED STATES. You will also produce evidence that you are FREE OF ACTIVE TUBERCULOSIS.

CERTIFICATE OF APPLICANT

Redeck the Application to be sure it is complete and read the following carefully before signing. Applicant must sign personally. I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein will cause forfeiture on my part to employment. I certify that the information that I have provided is truthful, complete and accurate. I further agree to be fingerprinted, submit a complete medical examination, to sign a loyalty oath, and upon employment, to furnish such proof of age as may be required.

Applicant’s Signature ________________________________ Date ____________________
WEST CONTRA UNIFIED SCHOOL DISTRICT
PROPOSED ATHLETIC COACH FORM (PACF)

NOTE: ALL temporary athletic team coaching assignments are of indefinite duration.
(Please Type or Print Legibly)

NAME ________________________________ SEX ______ SSN ____________________________

ADDRESS ____________________________________________________________
STREET __________ CITY __________ ZIP ______________________________

HOME PHONE ______________________ CELL PHONE __________________________

EMAIL ________________________________________________________________

HIGH SCHOOL _____________________ SPORT ______________ LEVEL ________

PROPOSED PAY ALLOTMENT: $ ______________ PAYROLL ID NUMBER ____________

Is proposed coach currently employed with our district?

☐ Certificated Employee ☐ Classified Employee ☐ Substitute ☐ No

☐ Classified Application Attached ☐ Current TB Attached ☐ ASEP Certificate Attached

New Employees Only

This coach is knowledgeable and competent in:
☒ CPR/1st Aid Emergency Procedures
☒ ASEP COURSE

Date Completed ___________________________

I have read and understand the policy statement, code of ethics, and the violations and consequences. I agree to abide by the policy and the code while participating in WCCUSD athletics, regardless of the site or jurisdiction of the contest.

/ ____________________________ Date ____________________________
Coach’s Signature Principal’s Signature

This form must be filled out completely before it will be processed. An incomplete form will cause a delay in payment!

Employment Information Completed ☐ Yes ☐ No
Fingerprint & TB clearance received ☐ Yes ☐ No

Date Approved ____________________________ Director of Personnel Services ____________________________

ORIGINAL – Personnel YELLOW – School PINK – Employee GOLDENROD – Payroll
PROPOSED ATHLETIC COACH FORM

Page Two

1. **EMPLOYMENT PROCEDURES FOR CURRENT DISTRICT EMPLOYEES:** The principal is to submit a proposed Athletic Coach form to the Human Resources Office. If the form is returned to the principal marked “approved,” the proposed coach may start coaching without further contact with the Human Resources Office.

2. **EMPLOYMENT PROCEDURE – NON-EMPLOYEE:** The proposed coach is to complete a packet of employment papers, given to him/her by the principal, and bring them in person, along with this coach form and current T.B. test results, to Human Resources Office between the hours of 9-11:00 a.m., Monday through Friday. At that time, the proposed coach will be fingerprinted and receive an I.D. badge. This procedure must be completed before he/she will be paid.

**CODE OF ETHICS**

Each person involved in high school activities must sign this statement and agree to follow the code.

I. 
   a. Each person must show courtesy and respect to players, coaches, and officials.
   b. Each person must practice self-control.
   c. Each person must refrain from the use of foul, abusive and taunting language.
   d. Each person must be familiar with and observe all rules of the contest.
   e. Each person must respect judgment and integrity of the contest officials.
   f. Each person must refrain from the use of any illegal drugs, or substances to enhance physical development or performance.
   g. Each person must recognize that athletics promote the well being of the participants and that athletic contests are games.

II. **EJECTION POLICY**

   a. Ejection of player or coach from a contest for unsportsmanlike or dangerous conduct.
      **Penalty:** The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season league, section of state playoff, etc.).
   b. Ejection of coaches for unsportsmanlike conduct.
      **Penalty:** The coaches will immediately remove themselves from their coaching responsibilities and leave the vicinity of the playing area immediately. The coach is prohibited from coaching or attentively the next contest.
   c. Illegal participation in the next contest by a player or coach ejected in a previous contest.
      **Penalty:** The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
   d. Second ejection of a player or coach for unsportsmanlike or dangerous conduct from a contest during one season. **Penalty:** The player shall be eligible for the remainder of the season.
   e. 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.).
Volume 29  For Publication Date: November 13, 2009  No. 23

Activity Supervisor Clearance Certificate Requirements Expanded

Governor Arnold Schwarzenegger has signed legislation that will require noncertificated employees paid by affiliated school groups and volunteers engaged in pupil activity programs to obtain an Activity Supervisor Clearance Certificate (ASCC) from the Commission on Teacher Credentialing (CTC) prior to assuming a paid or voluntary position.

Assembly Bill (AB) 1025 (Chapter 379/2009) defines a pupil activity program as sponsored by, or affiliated with, a school district as including, but not being limited to, "scholastic programs, interscholastic programs, and extracurricular activities sponsored by a school district or school booster club, including, but not limited to, cheer team, drill team, dance team, and marching band." The bill specifically exempts volunteer supervisors for breakfast, lunch, or other nutritional periods pursuant to Education Code Sections (E.C.) 44814 and 44815, and nonteaching volunteer aides under the immediate supervision and direction of certificated personnel of the district pursuant to E.C. section 35021.

In addition to amending E.C. 44258.7 to include issuance of the ASCC, AB 1025 provides that candidates for the certificate will need to meet the character and fitness requirements of the CTC.

There has been some confusion in the field that the ASCC would also require professional requirements beyond meeting character and fitness. In a conversation, Mary Armstrong, General Counsel for the CTC, made it clear that there would be no professional requirements per se. Beyond being a person of good moral character, possessing an identification card, and submitting to state and federal criminal record checks, candidates for the ASCC will not be subject to any other professional standards or requirements by the CTC.

There continue to be many questions regarding implementation. We are pleased to announce that the Commission's Coded Correspondence should be coming within the next few weeks. Additionally, local educational agencies (LEAs) can expect the CTC to host a webinar in January that will address implementation questions. Keep in mind that while the effective date of this new law is January 1, 2010, the effective date for the ASCC is July 1, 2010. The bill also calls on the CTC to establish a fee, which is estimated by legislative committee staff to be in the range of $106 per applicant. This estimate is based on a $55 fee for the permit and $51 in fees for the fingerprint check by the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

For now, while implementation will be costly to coaches and volunteers, the application process is expected to be efficient and timely, with applications for the ASCC submitted electronically. Once a candidate's fingerprints have cleared the DOJ and FBI, it is expected that the application to the CTC will clear in approximately five days. Of course, any delay in fingerprint clearance will delay the CTC issuing the certificate. Once a candidate's fingerprints have cleared, a temporary county certificate may be issued in cases where the coach or volunteer needs to begin working prior to the ASCC being issued by the CTC.

In addition to specifics related to implementation of AB 1025, there are still some unanswered questions. While the bill explicitly exempts volunteer breakfast and lunch supervisors, it is unclear if there are other groups of classified employees or volunteers working with, coaching, and supervising students that will also be exempt. We would hope to have clarity around other exemptions and will keep you posted on this important question.

In the meantime, LEAs are advised to consider the following planning steps as they prepare for implementation:
• Review and revise as appropriate current board policies and administrative regulations relating to the supervision of student activity programs.

Be prepared to modify job descriptions of positions subject to the requirements of AB1025 and modify hiring procedures as appropriate.

Identify employees and/or volunteers serving in positions that will be subject to the requirements of AB 1025. You can begin assisting them in the processing of their certificate application in early 2010, once the CTC announces that it is accepting applications.

Document and track ASCC in your employee data management system in a manner consistent with credential tracking. Be prepared to audit annually and to notify employees and volunteers of certificate expirations and renewal requirements.

Finally, similar to the LEA's responsibility to report the misconduct of certificated employees to the CTC, be prepared to report any cases of misconduct on the part of coaches and volunteers. Update you personnel protocols to ensure compliance with this critical requirement of the bill. As much as this rule protects your district, your duty to report misconduct protects your neighbors and, more importantly your students.
# WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

## TEACHER EXTRA-DUTY PAY SCHEDULE

### 2009-10

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<td>Cross-Country</td>
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<td>Water Polo, Varsity</td>
<td>1,757</td>
</tr>
<tr>
<td>Track, Varsity</td>
<td>2,076</td>
<td>Water Polo, J.V.</td>
<td>1,597</td>
</tr>
<tr>
<td>Track, F/S or Varsity Assistant</td>
<td>1,597</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volleyball, Varsity</td>
<td>2,076</td>
<td></td>
<td></td>
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<td>Volleyball, J.V.</td>
<td>1,757</td>
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<tr>
<td>Wrestling, Varsity</td>
<td>2,076</td>
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<td>Wrestling, J.V.</td>
<td>1,757</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FINE ARTS - (per semester)

- **Dance** 958
- **Drama** 958
- **Forensics** 958
- **Instrumental Music** 958
- **Vocal Music** 958

### CO-ED

- **Badminton, Varsity** 2,076
- **Badminton, J.V.** 1,757
- **Junior/Middle School Intramural** 958
- **Junior/Middle School Yearbook** 958
- **Misc. Athletic Director (M and F)** 1,088
The West Contra Costa Unified School District supports the position of the CIF Below. As all of our schools are CIF affiliated Schools, All persons, regardless of pay status, credential status, or other certification status, which has any coaching contact with students, will adhere to the policy set forth by the CIF. (See Below)

DECEMBER 31, 2008 - A message from Lisa Hauck, CIF State Office, regarding Mandatory Coaching Education

In order to comply with CIF and California State Law, ALL high school coaches must become certified in the CIF/NFHS Coaching Education Program, CIF/ASEP Coaching Education Program or equivalent by December 31, 2008. With the deadline for coaching certification just months away, the CIF would like to remind you of this great opportunity for coaches to become certified online for only $52. California coaches may purchase and complete the CIF/NFHS "Fundamentals of Coaching" certification course online at www.nfhslearn.com. Schools or school districts may also visit www.nfhslearn.com to purchase multiple online licenses to distribute to their coaches.

Remember that ALL coaches (incl., assistants, volunteers, part-time and walk-ons) must become certified under CA State Law by the deadline. There are FOUR ways by which coaches can become certified:

1) Coaches can go to www.nfhslearn.com, purchase and take the CIF/NFHS "Fundamentals of Coaching" online course and test for $52.

2) A school or district representative may visit www.nfhslear.com, purchase online license numbers in bulk for the entire coaching staff using a credit card or purchase order (only $52 each), then distribute the licenses to coaches. Coaches would then be able to complete the CIF/NFHS "Fundamentals of Coaching" course/test, and become certified on their own time.
3) A certified CIF/NFHS Instructor may teach a Five-Unit blended classroom course, in which the first two units of the course are taught by the instructor in the classroom. Coaches then take the remaining three units and complete all of the required testing online. If you are a certified CIF/ASEP instructor and are interested in becoming certified as a CIF/NFHS Blended Course Instructor, please contact Lisa Hauck at the CIF State Office.

4) CIF/ASEP certified instructors may continue to teach the CIF/ASEP "Coaching Principles" course. Instructors will order ASEP course packets through Lisa Hauck at the CIF State Office, which include both tests needed to become certified in California.

If you have questions regarding the CIF Coaching Education program or want to find out if your high school's coaches have been certified, please contact Lisa Hauck at 510-521-4447 or Lhauck@cifstate.org.

North Coast Mission Statement

"The North Coast Section fosters, defines and preserves the role of athletics in secondary education. It is an organization committed to providing a wholesome environment in which educational athletics will thrive." "It is the Section's purpose to serve student-athletes and spectators, to encourage students to reach their potential within the context of available resources, organizational limits and equity of competition."
ATHLETIC DIRECTOR JOB DESCRIPTION AND DUTIES

Duties Relating to Miscellaneous **ADMINISTRATIVE MATTERS**

- Act as a liaison between coaching staff and school administration
- Serve on faculty committees concerned with athletic issues
- Serve on district and league committees which are concerned with athletic programs
- Keep administrators of the school up to date on current trends and problems
- Interpret to the athletic staff the important aspects of the CIF, NCS, League and school rules
- Represent the school at league meetings
- Keep regular office hours for administrative duties
- Attend to routine correspondence
- Interpret phases of the athletic program to faculty, students, community and alumni
- Develop athletic policy and prepare written copies for distribution to the coaches
- Work with the student groups such as band, rally committee, student paper and yearbook
- Introduce new staff members to faculty and community groups
- Become acquainted with local city ordinance which relate to athletics, building capacities and fire regulations
- Prepare eligibility lists as required by league and WCCUSD
- Plan and conduct regularly scheduled coaches meetings
- Provide for in service training as required

Duties Relating to Miscellaneous **FINANCIAL MATTERS**

- Prepare the budget for the athletic program
- Approve all requisitions for athletic purchases
- Authorize all athletic purchases
- Check all athletic bills
- Draw up contracts for all athletic contests
- Prepare and analyze expense accounts for traveling teams
- Coordinate the keeping of record books for athletic programs
- Coordinate ticket sellers and takers for athletic contests
- Coordinate doctors and security personnel for athletic contests
- Coordinate the scheduling of fund raising activities

Duties Relating to Miscellaneous **PROPERTY AND EQUIPMENT**

- Supervise the Maintenance of athletic facilities
- Provide a plan for issue and return of equipment
- Provide a plan for identifying athletic equipment and property
- Plan a system of inventory and equipment
- Plan for cleaning, storing, and repair of athletic equipment
- Arrange to use school purchasing services of athletic equipment and supplies
- Supervise the sanitary and safety conditions of fields, courts, pools and buildings
Duties Relating to Miscellaneous **PUBLIC RELATIONS**

- Speak to various groups regarding athletic subjects
- Cooperate with boosters and athletic benefit groups
- Serve on league and/or section athletic committees
- Arrange for outside groups to use athletic facilities when no conflicts exist
- Plan off-campus visits with other directors for the purpose of exchanging ideas on efficient operations
- Direct and/or assist in preparing athletic brochures
- Prepare major press releases regarding athletic issues with principal
- Assist coaches when required in dealing with concerned parents

Duties Relating to Miscellaneous **COACHES AND CONTESTS**

- Determine athletic activities in which the school will compete
- Actively supervise athletic contests
- Meet with coaches to discuss matters concerning their sport
- Prepare a system for keeping records of all athletic contests
- Arrange for a public address system and announcer for athletic contests
- Work with the team coach in selecting and contacting game officials
- Schedule Doctors for **ALL** football games
- Hire and direct scoreboard crew
- Coordinate with operations department for the proper marking of athletic fields
- Work with coaches to coordinate scheduling of contests

Duties Relating to Miscellaneous **ATHLETICS**

- Check and maintain file of physical examinations for all athletes
- Check athletic insurance for athletes’
- Establish a system for keeping records of athletic injuries
- Counsel students on academic matters
- Establish a system for checking for the academic progress of athletes
- Establish standards for sport awards
- Advise coaches on establishing standards for sport awards
- Provide athletes with information on eligibility, transfer rules and other athletic regulations
- Review athletic team bus schedules
COACHING RESPONSIBILITIES

General Coaching Responsibilities

- Follow All WCCUSD, NCS, CIF, and League Rules and Regulations
- Plan season schedule—With AD
- Plan transportation schedule—With AD
- Order equipment and supplies—With AD
- Plan sport budget—With AD
- Develop team rules—With AD and Principal
- Plan daily practices
- Inventory, maintain, issue, and collect all uniforms and equipment
- Continually Communicate with Athletic Director regarding all current issues, game results, student eligibility, field and equipment conditions, etc.
- Make sure all assistant coaches have been cleared by HR to coach before they have any interactions with the student-athletes
- Use only positive coaching techniques
- Set up communication procedures between Administration, players and coaches
- Make sure all seniors are registered with the NCAA clearinghouse

Pre-Season Responsibilities

- Interview with Principal and AD
- Complete district hiring process
- Develop game schedule
- Develop transportation schedule
- Consult with AD regarding Equipment and Supplies
- Review all rules and regulations for your sport with AD
- Review all student eligibility regulations with AD
- Advertise for Team tryouts well in advance
- Make sure all student eligibility packets are complete prior to tryouts

In-Season Responsibilities

- Schedule pre-season parent meeting and communicate team rules to all athletes, parents, AD, and principal
- Check eligibility of all student athletes—With AD
- Attend Pre-season League Meetings

Post-Season Responsibilities

- Collect and inventory all uniforms and equipment
- Coordinate all awards and honors with AD and principal
- Attend league post season meeting
- Turn in any and all keys

Coaches will not be paid until inventory is complete and keys turned in
The following “dates of determination” are in effect for the 2010-2011 school year in the West Contra Costa Schools District:

<table>
<thead>
<tr>
<th>School</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
</table>
Eligibility Policy for School Activities and Parent Confirmation Policy

In compliance with Ed.Code 35160.5, West Contra Costa Unified School District students must earn 25 credits in high school or pass a minimum of 5 classes in Jr. / Middle School and have earned a grade point average (G.P.A) of 2.0 on a 4.0 Scale for the most recent marking period in order to participate in extra/co-curricular activities.

1.0 Definition of extra-curricular or co-curricular activities: Any activity, athletic as well as academic, which requires students to participate outside of regular class time. Visual and performing classes that require performance as part of the district curriculum standards are not considered co-curriculum activities.

1.1 Extra-Curricular Activities: (examples)
   1.11 Athletics
   1.12 Spirit Squad
   1.13 Student Government Offices
   1.14 Pep/Marching Band
   1.15 Forensics
   1.16 Drama Performances

1.2 Co-curricular Activities
   Special Performing Groups

2.0 Determination of Eligibility

2.1 All classes must be used in computing G.P.A., except classes which earn less than 2.5 credits per Quarter

2.2 The quarter mark will be used to compute the G.P.A.

2.3 Eligibility must be declared on the district report card issue date

2.4 Summer school marks/credits shall be counted toward making ups scholastic deficiencies incurred in the fourth quarter. A maximum of 20 summer school credits (C.O.R.P. 14.5) may be applied to determine eligibility for the fall quarter. Credit for summer school courses for the purpose of determining eligibility will be calculated as follows (N.C.S 2094):

2.4.1 The grade in a summer school course that is identical or equivalent in title and content taken in the preceding grading period will replace the previous grade and the G.P.A. will be recalculated using the same number of courses as the divisor.

2.4.2 The grade in a summer school course that is different in title and content from the course taken in the preceding grading period will be added and the G.P.A recalculated using all grades of the previous courses plus the new grade from the summer school course(s).

2.4.3 Summer school Grades that are recorded as passing (P) will be assigned a grade point value equivalent to a C grade (2 points on a 4 point scale).
3.0 Opportunity for Probation

One probationary period for one quarter shall be granted to students who fail to meet the eligibility requirements during their four years of high school. Jr./Middle school students shall be granted one probationary period.

3.1 In order to qualify for probation, a student must have passed at least four classes the previous marking period.

3.2 The probationary period applies to all of the following student groups:
- Students new to the state - freshman
- Middle school 6th graders - Jr. high 7th graders

It is the intent of this policy to emphasize to each student that the student’s primary responsibility is to meet the academic Challenge of learning. School staff will work with the students who, because of academic difficulties, lose eligibility.

STUDENT AGREEMENT

I, _______________________________ wish to use my one probationary quarter to compete

Student Name

In __________________________ during the __________________________ season.

Sport __________________________________________________________

School Year ___________________________________________________

I understand that this option can only be used once.

_________________________________________ Date ______________________

Signature of Student

_________________________________________ Date ______________________

Signature of Parent / Guardian

_________________________________________ Date ______________________

(_____) __________________________ Parent / Guardian Contact Information

Coach __________________________ Date __________________________

Athletic Director ______________________ Date __________________________

School __________________________________________________________________________
ELIGIBILITY MADE EASY

1) Student must have a **2.0 GPA** on a 4.0 scale (the quarter grade will be used to compute GPA).

2) Student must be enrolled in equivalent of **25 credits** and pass a minimum of 25 credits the previous marking period.

3) The student has earned credits at a rate of no less than the equivalent of 20 semester credits of work behind normal progress at any time prior to graduation AND the student is no more than 2 courses behind normal progress in successfully completing specific courses required for high school graduation as prescribed by the governing board.

   **Normal Progress is considered:**
   a. Required for graduation in WCCUSD (225 credits)
   b. Completion of 56.25 credits after year 1 (subtract 20 credits for eligibility = 36.25)
   c. Completion of 112.50 credits after year 2 (subtract 20 credits for eligibility = 92.50)
   d. Completion of 168.75 credits after year 3 (subtract 20 credits for eligibility = 148.75)

4) Student cannot be 19 years old prior to June 15th.

5) Student must have a maximum of 8 consecutive semesters of eligibility following the initial enrollment in the 9th grade.

6) One probationary period may be granted to students who fail to meet the Eligibility Requirements during their four years of high school.

   a. In order to qualify for probation, the student must have passed at least four courses the previous marking period.
   b. A probation meeting must be held with the Principal, Student, Parent, Athletic Director, and Coach.
   c. Probation form must be signed by all parties above and filed in Principal’s Office.
   d. Student athlete’s name must be forwarded to District Athletic Director.
   e. The Principal is the only person who may grant probation, provided all above criteria is met.

7) **Summer School credits** shall be counted toward making up scholastic deficiencies incurred in the fourth quarter. A maximum of 20 credits may be applied to determine eligibility for the fall quarter. Credit for summer school courses will be determined as follows:

   a. The grade in a summer school course that is identical or equivalent in title and content to a course taken in the previous grading period will replace the previous grade and the GPA will be recalculated using the same number of courses as the divisor.
   b. The grade in a summer school course that is different in title and content from the course taken in the previous grading period will be added and the GPA will be recalculated using all grades of the previous courses plus the new grade(s) from the summer school course(s).
   c. Summer school grades that are recorded as passing (P) will be assigned a grade point value equivalent to a C grade (2.0 on a 4.0 scale).
2011-12 STUDENT ELIGIBILITY PACKET

Student Name: ____________________________________________________________

Address: __________________________________________________________________

Phone: ____________________________________________

Parent/Guardian: ____________________________________ Phone: ________________

Parent/Guardian: ____________________________________ Phone: ________________

Year in School: □ 9th □ 10th □ 11th □ 12th School: _________________________________

School Attended Last Year: __________________________________

Sport: ____________________________________________ Level: □ FR □ JV □ VARSITY

Verify Address: □ Yes □ No
Verify GPA: □ Yes □ No GPA: _____________
Verify Units Completed: □ Yes □ No Units: _____________
Medical Card Completed: □ Yes □ No
Verify Insurance: □ Yes □ No
Steroid Form Completed: □ Yes □ No
Transfer Papers Completed: □ Yes □ No □ N/A
NCS Ejection Form Completed: □ Yes □ No
Eligible to Complete: □ Yes □ No

Athletic Director Signature: ____________________________________________ Date: _________
Principal Signature: __________________________________________________ Date: _________
Registrar Signature: _________________________________________________ Date: _________
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT      2011-12 SCHOOL YEAR
PARENT’S CONSENT AND MEDICAL EXAMINATION CLEARANCE FOR ATHLETIC PARTICIPATION

The West Contra Costa Unified School District “does not” pay for accident injuries to students. Student accident insurance may be purchased from Myers-Stevens Insurance offered thru the West Contra Costa Unified School District. Applications can be picked up at your school.

STUDENT______________________________________________ BIRTDATE______________________ GRADE___________
ADDRESS__________________________________________ CITY______________ZIP_______ HOME PHONE____________

PARENT’S CONSENT (to be filled out before giving to physician)
I hereby give my consent for my daughter / son or ward to compete in all the sports listed below and travel to with a representative of the school on any scheduled athletic trip during the 2010-11 school year, while attending ______________________ High school. (BADMINTON, BASEBALL, BASKETBALL CROSS COUNTRY, FOOTBALL, GOLF, SOCCER, SOFTBALL, SWIMMING, TENNIS, VOLLEYBALL, WATER POLO, OTHER: ______________________
EXCEPTIONS: __________________________________________________________________________________________
Date: __________________ SIGNATURE OF PARENT / GUARDIAN ________________________________________________

PHYSICIAN STATEMENT
I hereby certify the above named student was given a physical examination by me on _________________20__ and found to be physically fit to engage in the above interscholastic sports.

COMMENTS / RESTRICTIONS / EXCEPTIONS, if any, for athletic participation____________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
PHONE__________________________________________ SIGNATURE OF PHYSICIAN _____________________________
RELEASE DATE AFTER MAY 1, 2011

(Please keep this card on file for one fiscal year)
LICENSE Number______________________________________________

(This card is to be filed in and must be kept in the Athletic Director office before the student may participate in athletics)

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT      2011-12 SCHOOL YEAR
PARENT’S CONSENT AND MEDICAL EXAMINATION CLEARANCE FOR ATHLETIC PARTICIPATION

The West Contra Costa Unified School District “does not” pay for accident injuries to students. Student accident insurance may be purchased from Myers-Stevens Insurance offered thru the West Contra Costa Unified School District. Applications can be picked up at your school.

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ADDRESS__________________________________________ CITY______________ZIP_______ HOME PHONE____________

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RELEASE DATE AFTER MAY 1, 2011

(Please keep this card on file for one fiscal year)
LICENSE Number______________________________________________

(This card is to be filed in and must be kept in the Athletic Director office before the student may participate in athletics)
PARENT'S CONSENT FOR MEDICAL TREATMENT

In case of emergency due to an injury or accident when I cannot be contacted, I hereby authorize school personnel to arrange for any medical assistance and paramedic transportation.

DOCTOR ______________________________ PHONE ___________________________ HOSPITAL ________________________

I have read and understand that the West Contra Costa Unified School District “does not” pay for accident injuries to students, however, does offer student accident insurance for voluntary purchase. **Athletes must be covered by an insurance policy for medical and hospital expenses Ed. C 3221.** I understand that all emergency and/or medical costs are my responsibility and if insurance coverage changes or is cancelled for my child, I will notify the Athletic Director/Coach at school immediately.

______________________________________ ___________________ __________________________
SIGNATURE OF PARENT/GUARDIAN DATE WORK PHONE

MEDICAL – HOSPITAL COVERAGE

<table>
<thead>
<tr>
<th>NAME OF INSURANCE COMPANY OR PLAN</th>
<th>POLICY NUMBER</th>
<th>SIGNATURE OR PARENT OR GUARDIAN</th>
<th>DATE</th>
</tr>
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</table>

In case the family insurance does not meet the minimum requirements of $1,500 medical-Hospital coverage, Interscholastic Tackle football Endorsement Insurance is available from Myers-Stevens Insurance Company through the West Contra Costa Unified school district. Three benefit plans are available: (Low Option - $125) (Mid Option - $150) (High Option $245).

A check or money order payable to WCCUSD or West Contra Costa Unified School district must accompany the (RED & WHITE) Tackle f=Football Student Insurance Application available from the football coach. The completed application and check must be sent to: Risk Manager at the Administration building. **Athletes may qualify to enroll in no-cost or low-cost local, state or federally sponsored health insurance programs, however, parents/students must follow and obtain information about these programs by calling -800-880-5305**

-------------------------------- Please complete top and bottom --------------------------------

PARENT'S CONSENT FOR MEDICAL TREATMENT

In case of emergency due to an injury or accident when I cannot be contacted, I hereby authorize school personnel to arrange for any medical assistance and paramedic transportation.

DOCTOR ______________________________ PHONE ___________________________ HOSPITAL ________________________

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AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

Student Name (Print)

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.

Name of student-athlete (PRINT)

______________________________  __________________________
Signature of student-athlete     Date

Name of Parent Guardian (PRINT)

______________________________  __________________________
Signature of parent/guardian    Date
ATHLETE
EJECTION POLICY NOTIFICATION FORM
(North Coast Section Ejection Policy)

_______________________ High School

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

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct. **Penalty:** The player shall be ineligible for the next contest (non-league, league, invitational tournament, post season {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 one 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 document is filed with the school.

Student’s Name_____________________________________________________
(Print)

Student’s Signature_________________________ Date____________________

SPORT______________________________ VAR JV FS Fr
(Circle one)

*These signed policy statements are to be maintained at each school. An Ejection Policy Notification Form-SCHOOL (see page 7) is to be filed, according to league policy, either with the league commissioner or with the North Coast Section.
EXTRACURRICULAR AND ATHLETIC PROGRAM AGREEMENT

As a representative of the West Contra School 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 exceed 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: ______________

Parent’s Name: ________________________________________________

Parent Signature: ___________________________________ Date: ______________

Athletic Director Signature: ___________________________ Date: ______________

Principal Signature: ___________________________________ Date: ______________
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
1108 Bissell Avenue
Richmond, CA 94801-3136

August 26, 2008

Dear Parents:

The West Contra Costa Unified School District takes appropriate steps to protect your child from injuries. However, accidents can occur while participating in normal activities on campus. The district does not assume liability for accident injuries to students. This means that you are responsible for the ambulance and/or medical bills if your child is injured. You may purchase Student Accident Insurance and/or Student Health Care Insurance from Myers-Stevens & Toohey & Co., Inc., which is offered through the West Contra Costa Unified School District. Many coverage options are available and you may go to any doctor or hospital of your choice.

If your child has other medical insurance coverage, student accident insurance may be used to help pay eligible charges that are not completely paid by your regular insurance. If you purchase student accident insurance, your child is covered the entire school year including summer school if applicable. The Student Health Care and High Option 24-Hour Accident plans are recommended for students with no other medical insurance because they provide the most coverage if medical treatment is necessary. Student Health Care covers illness as well as injury, 24 hours a day.

No-cost local, state or federally sponsored health insurance is also available for eligible families. Call 1(800) 880-5305 for more information on eligibility.

As required by California Education Code §32221.6, the following statement is included for families with student athletes. Please note that there is separate insurance required specifically for participation in tackle football:

- "Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. 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 local, state or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1 (800) 880-5305."

- The insurance premium and return envelope for tackle football insurance "is different" than the regular student insurance (2008-09 red and white brochures). Ask your school's Athletic Director/Coach for an insurance application/brochure. If you have questions, please call Risk Management, Marlene Freeman at (510) 231-1134.

Mail completed enrollment form(s) with your premium, using the company's self-addressed envelope that is attached to application/brochure. Coverage begins at 11:59 p.m. on the day Myers-Stevens & Toohey & Company receives the completed enrollment form with your premium payment.

If you have questions, please call Myers-Stevens & Toohey & Company's toll-free number (800) 827-4605 and ask for the plan administrator. Myers-Stevens & Toohey & Company provides bilingual representatives for parents who need assistance in Spanish. General insurance information may be accessed at www.myers-stevens.com

Sincerely,

Jeff Edmison
Associate Superintendent

JE:mf:ali
Attachment - Myers-Stevens & Toohey & Co. Student Accident insurance

cc: Dr. Bruce Harter, Superintendent
    Cabinet
### ATHLETIC TRANSPORTATION PROCEDURES

| Team Schedules **MUST** Accompany Transportation Request. |
| All Requests **MUST** be submitted by the Athletic Director only |
| If a team is using both the Van Request form and Charter Bus Transportation Form. All three forms **MUST** be submitted at the same time. Requests for the entire season only.. Exception-Playoffs |
| Schedules must now be submitted on Schedule Template form. Schedules not submitted in this format will be returned and Transportation requests not processed |
| Varsity and JV Schedules will be combined. Separate Varsity and JV schedules will be returned and transportation requests not processed. |
| Schedule will be submitted chronologically |
| All Forms will be submitted electronically—NO EXCEPTIONS—ZERO-ZIP-NADA |

**Please Note:** Deadlines are in place so mistakes are minimized and are to be adhered too. Please make sure all of you coaches understand the importance of these procedures and that these requests can take up to 10 business days to confirm.

**Van Transportation Procedure is as follows:**

- Use the “VAN TRANSPORTATION” form to request all Van Transportation
- This form must be typed and filled out correctly
- This form must be emailed to District Athletic director 10 days prior to Travel
- District AD will email form to Enterprise Rent a Car on the same day the request is received
- Upon confirmation from enterprise, District AD will email confirmations to School AD’s
- District AD will send a weekly email with all scheduled events and transportation information to all AD’s every Monday Morning

**Van Cancellations procedure:**

- If a van needs to be cancelled, the coach and AD communicate with each other and the AD will can and cancel the van.
- The AD will communicate this cancellation with district AD
- If Van needs to be rescheduled (i.e. baseball rain out), AD will reschedule with Enterprise and Notify District AD of All Changes

**Bus Transportation procedure is as follows:**

- Use the “CHARTER BUS TRANSPORTATION” form to request all Bus Transportation
- This form must be typed and filled out correctly
- This form must be emailed to District Athletic director 10 days prior to Travel
- District AD will email form to the transportation Dept. (Rosa Moreno) on the same day the request is received
- Transportation Will Fax forms to bus companies and book transportation
- Upon confirmation from Bus companies, Transportation will email confirmations to District AD, District AD will email confirmations to School AD’s
- District AD will send a weekly email with all scheduled events and transportation information to all AD’s every Monday Morning

**Bus Cancellations procedure:**

- If a van needs to be cancelled, the coach and AD communicate with each other and the AD will call the bus Company and cancel the Bus.
- The AD will communicate this cancellation with district AD who will communicate with Transportation
- If bus needs to be rescheduled (i.e. baseball rain out), AD will reschedule with the bus company and Notify District AD of All Changes

**NO BUS TRANSPORTATION SHOULD BE ARRANGED DIRECTLY WITH BUS COMPANIES**
# Request for Chartered Transportation

**Note:** A request for chartered transportation must be received in the transportation office 10 days prior to trip.

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination Address, City, Zip (please give complete address)</th>
<th>Time</th>
<th>Number of Participants</th>
<th>Special Instructions</th>
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**Approvals:**
- Teacher in Charge
- Principal/Dept. Head
- Regional Superintendent
- Funding Authorization

**Please Note:** In accordance with Education Code Section 39831.5 safety instruction will be given to all students regardless of grade level prior to departure on each school activity trip.

---

For Transportation Department Use Only

<table>
<thead>
<tr>
<th>Date Booked</th>
<th>Estimate</th>
<th>Vendor</th>
<th>Invoice Paid</th>
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678656 Rev. 10/09 Vic Retain one copy and forward original and one copy to the Transportation Office
<table>
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<tr>
<th>Date</th>
<th>Pick-up Location</th>
<th>Time</th>
<th>Drop-off Location</th>
<th>Time</th>
<th>Return Location</th>
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**Request Form**

WCCUSD Van Transportation
# Your High School

## Year Sport

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<th>DATE</th>
<th>VISITOR</th>
<th>HOME</th>
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**Head Varsity Coach:** Her Name  
**Head JV Coach:** His Name  
**Athletic Director:** Your Name  
**Principal:** MHIC  
**Mascot:** Animal  

**School Address:** 123 any road your Town CA 12345  
**Phone:** 510-555-1212
INCIDENT REPORT FORM (Non-Automobile)
For Students and General Public Only

CONFIDENTIAL INFORMATION

Original and two copies to be forwarded to the Liability Claims Office. The fourth copy retained by principal at school. This report is "confidential" and is intended to be sent to the District's legal counsel in preparation for litigation.

Date of incident: ___________ Time of incident: ___________ School: ___________ Did incident occur on School Property? Yes ☐ No ☐

Place of Incident (be specific): ____________________________

Name of Person Injured: ____________________________ Date of Birth: ____________________________ Sex: M ☐ F ☐ Grade ______

If student, names of parents/guardians: ____________________________

Home Address: __________________________________________ Zip: ___________

Home Telephone: ____________________________ Work Telephone: ____________________________

Describe injury and/or damage incurred (be specific):

__________________________________________________________________________

__________________________________________________________________________

Describe what happened and how (continue on reverse side or separate sheet if necessary):

__________________________________________________________________________

__________________________________________________________________________

Name/address/telephone number of all witnesses:

__________________________________________________________________________

__________________________________________________________________________

First Aid given by: ____________________________ Sent to School Nurse by Whom: ____________________________

School Nurse Report:

__________________________________________________________________________

__________________________________________________________________________

Signature of P.H.N. ____________________________ Date: ___________

Sent home at (time): ____________________________ By: ____________________________

Sent to physician at (time): ____________________________ By: ____________________________

Name/address of physician: ____________________________

Sent to hospital at (time): ____________________________ By: ____________________________

Name/address of hospital: ____________________________

Diagnosis (if known):

__________________________________________________________________________

Was parent/other responsible person notified? Yes ☐ No ☐ Who was notified?

By Whom? ____________________________ Time: ___________ How: ____________________________

Other important information:

__________________________________________________________________________

__________________________________________________________________________

Signature of Person Preparing this Report: ____________________________ Title: ____________________________ Date: ___________

Signature of Principal: ____________________________ Date: ___________

672600 Rev. 11/07 VLC Sign in blue ink only Distribution: Original with two copies to the Liability Claims
DATE:

TO:

FROM:

SUBJECT: FUNDRAISERS

We would like to request approval of the following fundraiser(s):

PARTICIPANTS:

DATE(S):

FUNDRAISER(S) DETAILS:

REQUIRED PERMITS ATTAINED/SUBMITTED:

SPONSORS:

________________________________________________  ___________________
Principal’s Signature                                    Date

________________________________________________  ___________________
Executive Director                                      Date
# COACHES CERTIFICATION FORM

- [ ] Fall
- [ ] Winter
- [ ] Spring

I certify that the following individuals are fully qualified and have met all requirements listed in CCR, Section 5593.

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<th>NAME</th>
<th>SPORT</th>
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Principal: _______________________________ School: _______________________________

Signature: _______________________________ Date: _______________________________
## West Contra Costa Unified School District
### Secondary Schools – Extra Duty Pay, Athletics

School: ____________________________  Year: ____________

Check one

- [ ] Early Back - Due by September 20
- [ ] Fall - Due by November 20
- [ ] Winter - Due by February 20
- [ ] Spring - Due by May 20

All information is to be typed. Be sure to use the 6-digit employee number.
Indicate School-Sponsored activity with an asterisk before the person’s name

<table>
<thead>
<tr>
<th>Name</th>
<th>Employee No.</th>
<th>Sport</th>
<th>M/F</th>
<th>Payment</th>
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Account Code: ____________________________

Totals:

- Male Sports ______________
- Female Sports ______________
- Other ______________

Total Amount __________________

Submitted by ____________________  Date: ____________________

School ____________________  Prepared by: ____________________

Amount to be paid by District ____________________  Principals Signature: ____________________

Approved: ____________________
# WCCUSD Athletics

**Probation Transfer form**

<table>
<thead>
<tr>
<th>Student Athlete Name</th>
<th>Sport</th>
<th>Probation Used (date)</th>
<th>Transfer Athlete</th>
<th>Paperwork Filed</th>
<th>Paperwork Location</th>
<th>Eligibility Status</th>
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Submitted By: ____________________

Date: ____________________
# WCCUSD COACHES EDUCATION PROGRAM

**1. WCCUSD COACHES EDUCATION PROGRAM**

Presented by

Matt Stewart
WCCUSD Athletic Director

**2. THANK YOU!**

On behalf of the West Contra Costa Unified School District, I would like to THANK YOU for wishing to work with our student-athletes. Coaching requires many hours of your time, our student-athletes are truly the beneficiaries of your dedication and commitment to their success.

**3. REQUIREMENTS TO COACH**

*(ALL COACHES)*

- Pass Coaching Certification Class
  - www.asep.com or www.nfhslearn.com
- Complete PACF Form—From Athletic Director
- Complete District Classified Application
  - www.wccusd.net/Documents/Departments/athletics.aspx
- Provide TB Certification
- Provide Current, Red Cross, First Aid and CPR Certification
- Clear Criminal Record-Pass fingerprints
- Obtain Activity Supervisor Clearance Certificate ASCC
  - www.ctc.ca.gov

**4. HIRING PROCESS**

*(Returning Coaches)*

- Fill out PACF—COMPLETELY
  - Pay Amount
  - Payroll Number
- Turn in PACF to AD
  - Get Signed by Principal
- Give to District AD
  - Verifies Coaching Certification
  - Verifies PACF is filled out completely and correctly or returned to Site AD
- District AD gives to HR
  - Verify Payroll ID Number
  - Verify Current TB
  - Verify Activity Supervisor Clearance Certificate
- Applicant must Call HR (510-231-1164) to be re-fingerprinted at no cost to the applicant
- Applicant must register with CTC for Activity Supervisor Clearance Certificate $57 (EXCEPTION—CREDENTIALED TEACHER)
- HR sends Email to Site Principal, Site AD, District AD—Completing the Hiring Process
- Receive district clearance and badge
- Applicant now eligible to coach

**5. HIRING PROCESS**

*(New Coaches)*

- Interview with Principal and AD
- Fill out District Classified Application
WCCUSD COACHES EDUCATION PROGRAM (CONT.)

- Provide Evidence of Coaching Certification (Coaching Education Class)
- Provide Current TB Certificate
- Fill out PACF—COMPLETELY
  - Pay Amount
  - Payroll Number
- Turn in PACF to AD
  - Get Signed by Principal
- Give to District AD
  - Verifies Coaching Certification
  - Verifies PACF is filled out completely and correctly or returned to Site AD
- District AD gives to HR
  - Verify Payroll ID Number
  - Verify Current TB
  - Verify Activity Supervisor Clearance Certificate
- Applicant must Call HR (510-231-1164) to be re-fingerprinted at no cost to the applicant
- Applicant must register with CTC for Activity Supervisor Clearance Certificate $57 (EXCEPTION—CREDENTIALED TEACHER)
- HR sends Email to Site Principal, Site AD, District AD—Completing the Hiring Process
- Receive district clearance and badge
- Applicant now eligible to coach

6. GENERAL COACHING RESPONSIBILITIES
- Follow all WCCUSD, CIF, NCS and league rules and regulations
- Plan season schedule
- Plan transportation schedule
- Plan daily practices
- Game day administration
- Continually communicate with AD regarding current issues, game results, student eligibility, field and equipment conditions, etc.
- Make sure all assistant coaches are eligible to coach

7. GENERAL COACHING RESPONSIBILITIES
- Use only positive coaching techniques
- Set up communication procedures between Administration, players and parents
- Make sure all seniors register with the NCAA eligibility center
  http://eligibilitycenter.org

8. PRE SEASON REQUIREMENTS
- Interview with Principal and AD
- Complete District Hiring Process
- Develop Game schedule
- Develop Transportation schedule
- Consult with AD regarding Equipment, supplies, and Uniforms. Turn in new requests to AD. Ordering must be done by AD.
WCCUSD COACHES EDUCATION PROGRAM (CONT.)

- Review all rules and regulations pertaining to your sport with AD
- Review all Student eligibility regulations with AD
- Advertise for team tryouts well in advance
- Check student eligibility packets prior to tryouts

9 DURING SEASON
- Schedule pre-season parent meeting and communicate all team rules to athletes, parents, AD, and principal
- Check eligibility of student athletes
- Attend League pre-season coaches meeting

10 POST SEASON
- Collect and inventory all uniforms and equipment
- Coordinate all awards or honors with AD and or principal
- Attend league post season meeting
- Turn in any and all keys

- Coaches will not be paid until inventory is completed and keys are turned in

11 STUDENT ELIGIBILITY
- In compliance with Ed. Cod 35160.5, WCCUSD students must earn 25 credits or pass a minimum of 5 classes in middle school and have earned a GPA of 2.0 on a 4.0 scale for the most recent grading period in order to participate in High School Athletics.
- All classes must be used in computing GPA, except classes which earn less than 2.5 credits per Quarter
- The Quarter mark will be used to compute the GPA
- Eligibility must be declared on the district report card issue date

12 STUDENT ELIGIBILITY
- Opportunity for Probation
  - One probationary period for one quarter shall be granted to students who fail to meet the eligibility requirements during their four years of High School.
  - In order to qualify for probation, a student must have passed at least 4 classes the previous marking period

13 STUDENT ELIGIBILITY PACKET
- Cover Sheet
- Parent consent / medical exam/insurance card (2 copies)
- Steroid Form
- Drug and Alcohol Form
- NCS Ejection Policy Form
- WCCUSD Extracurricular and Athletic Program Agreement

- NO ATHLETE MAY PARTICIPATE WITHOUT ALL DOCUMENTS COMPLETE AND
SIGNED BY AD AND PRINCIPAL

14 MEDICAL INSURANCE
- All student-athletes must have insurance coverage and insurance information must be included on clearance form.
- Student-Athletes that do not have insurance coverage MUST purchase student insurance from Myers-Stevens. These forms are available from the AD or Office manager at your school site.
- Checks to be made out to WCCUSD and turned in with completed packet to AD. AD turns into Risk management office. Risk management secures coverage with Myers-Stevens
- Student-Athletes that use the Myers-Stevens insurance may not participate until coverage is confirmed by the WCCUSD risk management office—Staci Parish 510-231-1152

15 Consent to Treat Card
- The most important card in the packet—2 Copies
  - One copy with coach, one copy with rest of packet in AD office
- Must include
  - Personal information—completed
  - Parental Consent to participate in Sports
    - Sports—circled by the parent, Exceptions, if any, Signature of Parent
  - Physicians Statement
    - Exam Date, Dr. Signature, Dr. Phone, Release Date
  - Parent Consent to Treat
    - Doctor Name, Phone, Hospital of Choice, Parent Signature, Date, Best contact phone Number
  - Medical info
    - Insurance company, Policy Number, Parent signature, Date

16 SCHEDULES / TRANSPORTATION REQUESTS
- Game Schedules must be turned into AD prior to assigned deadlines

  - AD Must check schedules to make sure of the following
    - Maximum number of contests is not exceeded
    - Days and dates are correct
    - Schedules are in the correct format and include correct information
  
  - AD must submit same forms to District AD to compile master schedule and reserve transportation

17 TRANSPORTATION PROCEDURES
- Team Schedules MUST Accompany Transportation Request.

  - All Requests MUST be submitted by the Athletic Director only

  - District AD makes all reservations

  - Coaches may only cancel and reschedule existing reservations.
• No new reservations may be made by either the coach or AD, Only the district AD may do this
• All Changes MUST be emailed to District AD

18 Van Transportation Procedure
• Use the “VAN TRANSPORTATION” form to request all Van Transportation
• This form must be typed and filled out correctly
• This form must be emailed to District Athletic director 10 days prior to First Contest
• District AD will make reservations with Enterprise Rent a Car on the same day the request is received
• AD will receive confirmation emails directly from ERAC
• District AD will send a weekly email with all scheduled events and transportation information to all AD’s every Monday Morning
• School AD is responsible for checking the weekly schedule and confirming with transportation company

19 Van Cancellations procedure:
• If a van needs to be cancelled, the coach and AD communicate with each other and the AD will can and cancel the van.
• The AD will communicate this cancellation with district AD via email and include confirmation number
• If Van needs to be rescheduled (i.e. baseball rain out), AD will reschedule with Enterprise and notify district AD of all Changes via email and include confirmation number

20 Bus Transportation procedure
• Use the “CHARTER BUS TRANSPORTATION” form to request all Bus Transportation
• This form must be typed and filled out correctly
• This form must be emailed to District Athletic director 10 days prior to first contest
• District AD will email form to the transportation Dept. (Rosa Moreno) on the same day the request is received
• Transportation Will Fax forms to bus companies and book transportation
• Upon confirmation from Bus companies, Transportation will email confirmations to District AD, District AD will email confirmations to School AD’s
• District AD will send a weekly email with all scheduled events and transportation information to all AD’s every Monday Morning

• NO BUS TRANSPORTATION SHOULD BE ARRANGED DIRECTLY WITH BUS COMPANIES

21 Bus Cancellations procedure
• If a bus needs to be cancelled, the coach and AD communicate with each other and the AD will call the bus Company and cancel the Bus.
• The AD will communicate this cancellation with district AD, via email, who will communicate with WCCUSD transportation office
• If bus needs to be rescheduled (i.e. baseball rain out), AD will reschedule with the bus company and notify district AD of all changes, via email, who will communicate
WCCUSD COACHES EDUCATION PROGRAM (CONT.)

with WCCUSD transportation office


WCCUSD Athletic Resources

WCCUSD Executive Director for Athletics
Vince Rhea vrhea@wccusd.net 510-231-1110

WCCUSD Athletic Director
Matt Stewart mstewart@wccusd.net 510-234-2825 ext 2573

WCCUSD Athletics Web Page
www.wccusd.net/Documents/Departments/athletics.aspx

Coaches Education Websites
www.asep.com
www.nfhslearn.com

California Commission on Teacher Credentialing
www.ctc.ca.gov

NCAA Eligibility Center
http://eligibilitycenter.org