



2022-2023

Student-Athlete Clearance Packet



River Islands Academies

RIHS Student-Athlete Clearance Checklist

Student-athlete participation in interscholastic athletics is voluntary and a privilege. We believe that participation in sports provides a wealth of opportunities and experiences.

All participants shall provide the following before they're allowed to try-out for a sport. Forms can be turned into the office.

Checklist

- ☐ Evidence of individual medical insurance coverage.
- ☐ A physical examination from a licensed physician within the last calendar year. ALL PHYSICALS MUST BE RENEWED FOR THE FOLLOWING YEAR BEFORE PARTICIPATION ON AN ATHLETIC TEAM IS ALLOWED.
- ☐ Medical Eligibility Form, signed. The medical eligibility form must be signed by the physician and turned into the office.
- ☐ Sports Emergency Form, signed.
- ☐ Release of Liability Form, signed.
- ☐ Concussion/Sudden Cardiac Arrest/Handbook Acknowledgement, signed.
- ☐ Social Media Agreement, signed.
- ☐ Parent Code of Conduct, signed.
- ☐ Cleared of any student fines.

Office Use Only:

- | | |
|---|--------------------|
| <input type="checkbox"/> Date Received: _____ | Received by: _____ |
| <input type="checkbox"/> All items turned in and reviewed | Date: _____ |
| <input type="checkbox"/> Student Cleared | Date: _____ |
| <input type="checkbox"/> Student Not Cleared | Date: _____ |
| <input type="checkbox"/> Information Given to Head Coach | Date: _____ |

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



River Islands Academies

RIHS Sports Emergency Card

(Sports emergency card for sudden illness or accident at school)

Student Information

Student Name: _____ DOB: _____ Grade: _____
Home Phone: _____ Sport: _____

Emergency Contacts

Parent/Guardian 1: _____ Work Phone: _____
Parent/Guardian 2: _____ Work Phone: _____

Relative or person to be notified if parent cannot be located

Name: _____ Phone: _____
Relationship to Student: _____

Unless I send written notice of any change, I give permission to River Islands High School to take my child to

Hospital: _____ Phone: _____
Address: _____

or in the event that he/she cannot be located, permission is given to take my child to the hospital.

I understand Accident Insurance coverage provided by the school is EXCESS to any insurance I may have. I submit _____ as my health provider, under policy of Group # _____.

Permission to Participate in Athletics and Travel

The _____ team of which your child is a member will be traveling on athletic trips as part of the regular schedule. On some trips if the team is small, cars will be taken and be driven by a coach or a District approved adult over 21 years of age. When the team is large, a school bus or charter bus will be taken. No athlete may drive themselves to or from athletic events. In order for your child to make the trips, it will be necessary for us to have your approval.

Please sign below and return to the office.

Parent Signature: _____ Date: _____



River Islands Academies

RIHS Release of Liability

PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETIC AND/OR EXTRACURRICULAR ACTIVITY

Completion of this release is a prerequisite to participation in any interscholastic athletic and/or extracurricular activity. This release essentially says that my son/daughter _____ (name of student) is physically fit and is going to voluntarily participate in a high school interscholastic athletic and/or extracurricular activity.

My child, _____ (name of student) has permission to participate in _____ program for the 2022-2023 school year.

We (I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

1. All persons participating in the sports program shall be deemed to have waived all claims against the School or the State of California for injury, accident, illness or death occurring during or by reason of their participation in the program and the travel to athletic events.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physicians for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless the School, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or

result from, any routine and/or emergency medical services, or participation or our (my) while/ward in any activities covered by this permission slip.

5. If a serious accident occurs at school and if neither I nor the child's other parent/guardian can be located, I give permission to the River Islands High School Coach or Supervisor to take my child to a Hospital for treatment.

I understand that participation in the Sports Program is a privilege and if a student is on an Academic or Behavior Contract with a teacher or Administrator, a student may not be allowed to participate in practices and/or games.

I take financial responsibility for school-issued uniforms and will return it in good condition or reimburse River Islands High School if lost or damaged.

I understand that I must pick up my child immediately after any scheduled practice and game.

Parent Signature

Parent Name Print

Date

Email

Cell/Home Phone

Work Phone



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RIHS Acknowledgement/Signature Page

Concussion Information Sheet

I hereby acknowledge that I have received the Concussion Information Sheet from RIHS 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.

Parent/Guardian Signature

Student Signature

Date

Sudden Cardiac Arrest

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

Parent/Guardian Signature

Student Signature

Date

Student/Parent Handbook

Additional RIHS Athletic information can be found in our student/parent handbook.

I realize that it is a privilege to participate in athletic activities and represent our school in athletic functions. Accordingly, I hereby agree to follow the regulations. My signature indicates I have read the Student/Parent Athletic Handbook and will conform to the training rules and code of conduct as a participant in our school’s athletic program.

Parent/Guardian Signature

Student Signature

Date



CIF 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 student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-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 student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and 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. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

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 physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport 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 physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may 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 their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery 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 research 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 may contribute to long-term neurological problems. One goal of concussion education 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:

- | | |
|--|---|
| <ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly | <ul style="list-style-type: none">• 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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). 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**. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen 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 physician 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 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]*

Final Thoughts for Parents and Guardians:

It is well known that students 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 they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

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 Berlin, October 2016
- <https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html>
- <https://www.cdc.gov/headsup/youthsports/index.html>

Fact Sheet for Parents & Student Athletes



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors That Increase the Risk of SCA

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

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.



CALL



PUSH



SHOCK

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

Potential Indicators That SCA May Occur

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

KeepTheirHeartInTheGame.org



River Islands Academies

RIHS Social Media Agreement

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, tweet, status, 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 important areas of your life.

Recognizing the above:

- 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 “Is this the me I want you to see?” before I post anything online.
- I will ignore any negative comments about me and will not retaliate.
- If I see a teammate post something potentially negative online, I will have a conversation with the 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.

Student Signature:

Date:

Parent Signature:

Date:

*Thanks to PCA's National Student Athlete Advisory Board for helping produce this agreement.

RIHS Student-Athlete Parent Code of Conduct

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and policies of the league.
5. I (and my guests) will be positive role models for my students, and encourage sportsmanship by showing respect and courtesy and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice or other sporting events.
6. I (and my guests) will not engage in any unsportsmanlike conduct with any official, coach, pay or parent, such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or any other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices, and how they benefit my child, over winning.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game, and will take time to speak with coaches at an agreed-upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and I'll refrain from their use at all sport events.
17. I will refrain from coaching my child or other players during games and practices unless I am an official coach.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to, the following:

- Verbal warning by official, head coach, or staff member of the hosting school.
- Written notification to schools involved and ejection from the game.
- Parental game suspension with written documentation of the incident to be sent to all schools involved.
- Game forfeit through the official or coach.
- Parental season suspension.

I have read and understand the guidelines for the Parent Code of Conduct.

Parent Signature

Parent Print

Date