

**FORTUNA HIGH SCHOOL
STUDENT ATHLETIC CONTRACT**

Student-Athlete's Name: _____

Playing a sport is a privilege. Student-athletes are representing not only themselves but also Fortuna High School and the entire Fortuna community. With this privilege come certain responsibilities, including adherence to the Fortuna High School (FHS) Athletic Contract, all FHS behavior policies, California Interscholastic Federation (CIF) and North Coast Section (NCS) codes of conduct, and individual team rules. These rules are assumed from the first day of practice until the season ends. In the event an athlete quits, is suspended, or removed from a team, for violation of any of the specified rules, s/he will not receive a block letter and will forfeit all athletic awards for that season.

ACADEMIC ELIGIBILITY

All student-athletes must meet academic eligibility requirements, which include full-time enrollment only at Fortuna High School and a Grade Point Average (GPA) of 2.0 or higher based on the preceding grading period. Academic eligibility for each season will be determined by the date NCS sets as the first day of practice. Receiving two (2) F's or failing to maintain a minimum GPA of 2.0 in a grading period makes the student-athlete ineligible to participate on a sports team. When on a team, a student-athlete's academic eligibility will become effective the Monday following the posting of grades. A one-time career probationary period will be granted for a student-athlete who did not maintain a 2.0 GPA in the prior grading period. The probationary period excludes the two (2) F's rule.

ADDITIONAL RULES

A student-athlete, who is on a sports team, **must not** participate in any other organized off-season practices or events during his/her current sport's season without consent from the current varsity head coach. Additional rules and/or training requirements may be issued by an individual coach but **shall not** contradict the FHS Student Athletic Contract.

ALCOHOL, DRUGS AND OTHER CITABLE OFFENSES

1. A student-athlete violating any of the following rules during a sport season, the school day, or at a school-sponsored activity will be removed from the team and will be subject to the consequences listed in #2 below:
 - a. Unlawful possession, use, sale, furnishing or being under the influence of an alcoholic beverage, an intoxicant of any kind or any controlled substance (Ed Code 48900 C & D)
 - b. Unlawful possession, sale or use of any drug paraphernalia as defined in Section §11364 of the Health and Safety Code
 - c. Possessing, selling, furnishing or brandishing any firearm, knife, explosive or other weapon as defined in Section §48900 of the Education Code
 - d. Being cited by law enforcement or suspended by administration for assault and/or battery on another person
 - e. Being cited for any other felony or any misdemeanor involving any controlled substance
 - f. Being in violation of Section §48900 A2-R of the Education Code. Section §48900 A1 & K is at the discretion of administration. Section §48900 H see TOBACCO section.
2. Consequences:
 - a. **First violation** - Removed from team and ineligible for remainder of current sport and next season of sport.
 - b. **Second violation** - Ineligible for any sport for one (1) calendar year from date of offense.
 - c. **Third violation** - Ineligible for all sports for remainder of his/her high school athletic career.

TOBACCO

A student-athlete found in possession of and/or using tobacco in any form during a sport season, the school day, or at a school-sponsored activity will be subject to the following consequences:

- a. **First violation** - Suspension from the next contest, game, match or tournament, and enrollment in a tobacco-cessation program.
- b. **Second violation** - Removal from the team and ineligible for the remainder of current sport season and next season of sport.

MINIMUM PRACTICE PARTICIPATION

A student-athlete **must** have at least ten (10) practices prior to competing in any contest, match, game or tournament. This is to ensure the student-athletes are physically and mentally prepared to compete to the best of his/her ability.

QUITTING A SPORT OR REMOVAL BY COACH

Quitting is defined as:

- a. a player leaving the team after the first contest or scrimmage **and/or**
 - b. a parent/guardian removing the player from the team after the first contest or scrimmage,
- without obtaining a written release from the head coach within two (2) school days. A student-athlete who quits a sports team or is removed by the head coach will not be eligible to play the next season of sport. An athlete may appeal for a release to the FHS Principal.

ATTENDANCE AND PARTICIPATION

Any Fortuna High School student engaged in a sport **must** attend every class in which they are enrolled on the day of practice, contest, game, match, or tournament in order to participate. Student-athletes who **do not** meet this expectation will be ineligible to participate in practice, contest, match, game or tournament. There is a hardship provision for absences for which the student has no control, such as medical or dental appointments or family funeral. In order for this absence to be excused, a written note from a doctor or other medical professional must be submitted to the attendance clerk **and/or** approved by the Athletic Director or administrator before the student-athlete is permitted to participate. In the case of a funeral a parent/guardian written note will be accepted.

TRANSPORTATION

Student-athletes **must** travel to and from all athletic events using school-approved transportation. If a student-athlete is released by a coach, a parent/guardian may provide transportation home. An adult (21 years or older), approved in writing by parent/guardian, may transport a student-athlete home if they get clearance from the Principal's office 24 hours in advance. (Note: Parent must come in and sign the release form in the office.)

- a. **First violation** - Ineligible to participate in the next contest, game, match, or tournament.
- b. **Second violation** - Removal from team for remainder of sport season.

MANDATORY DRUG TESTING

1. Any student participating in athletics **must** consent to a random, unannounced drug test during the season of sport. Students not submitting immediately upon request to drug testing will be removed from the team and become ineligible to participate in the next season of sport.
2. When a student-athlete receives a positive result from drug testing, the following steps will take place:
 - a. A parent/guardian will be contacted.
 - b. Student-athlete will be asked to provide another sample.
 - c. The student may continue to participate in athletics if s/he agrees to be tested weekly and to participate in drug counseling. During the weekly testing, the drug level **must** be declining. If the athlete does not agree to weekly testing and counseling or drug level is not declining, s/he will be dropped from the team and be ineligible to participate in the next season of sport.
 - d. A student who tests positive two (2) times will be dropped from the team and be ineligible to participate in any sport for one (1) calendar year from date of second positive test.
 - e. A student who tests positive three (3) times will be dropped from the team and be ineligible to participate in any sport team for the remainder of his/her high school athletic career.

UNIFORMS

A team uniform, provided by FHS, **must** be returned, replaced or paid for before a student-athlete may participate on another athletic team or receive awards.

Approved: September 11, 2012 by FUHSD Board of Trustees

Signatures below are evidence the parent/guardian and student have read the FHS Athletic Contract and they agree to the stated conditions. This shall deem consent pursuant to the Family Education Right to Privacy Act for the release of information to Fortuna High School for random drug testing during the season of a sport.

Student Name - Please Print

Student Signature

Date

Parent/Guardian Name - Please Print

Parent/Guardian Signature

Date

CIF - Fortuna High School Code of Conduct for Interscholastic Student-Athletes

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Charactersm"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. *Trustworthiness* – be worthy of trust in all I do.

Integrity – live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.

Honesty – live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.

Reliability – fulfill commitments; do what I say I will do; be on time to practices and games.

Loyalty – be loyal to my school and team; put the team above personal glory.

RESPECT

2. *Respect* – treat all people with respect all the time and require the same of other student-athletes.

3. *Class* – live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.

4. *Disrespectful Conduct* – don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

5. *Respect Officials* – treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. *Importance of Education* – be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.

7. *Role-Modeling* – Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation

privilege is within the sole discretion of the school administration.

8. *Self-Control* – exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

9. *Healthy Lifestyle* – safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

10. *Integrity of the Game* – protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

11. *Be Fair* – live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

12. *Concern for Others* – demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.

13. *Teammates* – help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. *Play by the Rules* – maintain a thorough knowledge of and abide by all applicable game and competition rules.

15. *Spirit of rules* – honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student-Athlete Signature Date

ATHLETE EJECTION POLICY NOTIFICATION FORM
North Coast Section Ejection Policy

FORTUNA UNION HIGH SCHOOL

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers. This policy will include non-league, league, invitational tournament 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 to 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> playoffs, 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 on file with the school.

Student signature

Date

SPORT: _____

VARSETY JV FS FROSH
(Circle one)

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

Updated: 4/20/07 das

FORTUNA UNION HIGH SCHOOL

STEROID USE AGREEMENT

Printed Name of Student-Athlete

By signing below, both the participating student-athlete and the parents of legal guardian agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA-American Medical Association) to treat a medical condition.

We also understand that under CIF (California Interscholastic Federation) Bylaw 200D, there could be penalties for false or fraudulent information, and that the Fortuna Union High School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

4/20/07
das

Acknowledgement and Assumption of Potential Risk

Voluntary Sports Activity

(Student Name) _____ has my permission to participate in the activity listed below. **I fully understand the following:**

(Circle appropriate activities) Football, Basketball, Volleyball, Cheerleading, Track & Field, Baseball, Soccer, Wrestling, Tennis, Cross Country, Golf, Other _____ by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- | | | |
|--------------------|--------------------|---------------------|
| 1. Sprains/strains | 4. Unconsciousness | 7. Head injuries |
| 2. Fractured bones | 5. Paralysis | 8. Loss of eyesight |
| 3. Cuts/abrasions | 6. Disfigurement | 9. Death |

All participants in this activity should understand that the participation is voluntary and is not required by the school district.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the _____ School District, its employees, officers, agents, or volunteers, shall not be liable for any injury suffered by my son/ daughter which is incident to and/or associated with preparing for and/or participating in this activity.

List any medical conditions, allergies or other limiting factors:

* Medical examination release has been completed: Yes No (Circle one)

Family physician name: _____ Phone # _____

Health insurance/MEDI-CAL per Education Code 32220-32224: Yes No (Circle one)

Plan name and number: _____

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgement of the attending physicians or dentists. I acknowledge that I have carefully read this **Voluntary Sports Activities Form** and that I understand and agree to its terms.

Parent/legal guardian (if under 18)

Date

Student signature

Date

* Medical exams recommended for all playing field participants (includes cheerleaders); however, they are only *required* for high school. Band members, team managers and ROP students—i.e., non-playing field participants—are exempt.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I, We) the undersigned parent(s) of _____, a minor, do hereby authorize Fortuna Union High School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given provided authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective until _____ unless sooner evoked in writing delivered to said agent(s).

Parent/Guardian: _____ Phone number: _____

Address: _____ City: _____ Zip: _____

Work number(s): _____

Mother

Father

Two people to call in the event either parent cannot be reached:

_____ Phone number(s): _____

Relationship to student; if any _____

_____ Phone number(s): _____

Relationship to student, if any _____

Major illness? _____ Previous head/neck injury? _____

Medications taken: _____ Allergies? _____

Prior heat related problems? _____

Wears contact lenses, or retainer while playing? (please circle one ONLY) Yes No

Other: _____

The information below will help us in case of a medical emergency:

Student's legal name: _____

Date of birth: _____ Social Security Number: _____

Previous admittance(s) to hospital (need the year): _____



HISTORY FORM

Preparticipation Physical Evaluation

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____
Grade _____ School _____ Sport(s) _____
Address _____ Phone _____
Personal Physician _____
In Case of Emergency, Contact _____
Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below.
Circle questions you don't know the answers to:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply): | | |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart murmur | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart infection | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |

17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes

- | | | |
|--|--------------------------|--------------------------|
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| FEMALES ONLY | | |
| 47. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? | _____ | |
| 49. How many periods have you had in the last 12 months? | _____ | |

Explain "YES" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PHYSICAL EXAMINATION FORM

Preparticipation Physical Evaluation

Name _____ Date of birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up Questions on More Sensitive Issues

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

* Multiple-examiner set-up only.

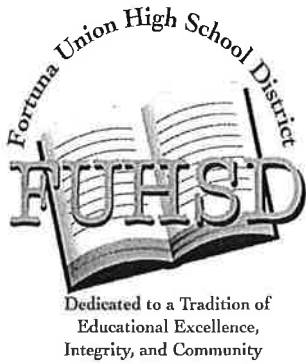
** Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD, DO, NP or PA



GLEN SENESTRARO
Superintendent

SARAH REBACK
District Secretary/Personnel

COREY WEBER
Business Manager

JEANNIE FULTON
Accounts Payable

VALERIE HOLMES
Payroll and Benefits

PRINCIPALS

CLINT DUEY
Fortuna High School

DANIELLE CARMESIN
Academy of the Redwoods

BRIAN SCHOENFIELD
East High School

379 12TH STREET
FORTUNA, CA 95540

PHONE: (707) 725-4461
FAX: (707) 725-6085

district@fuhsdistrict.org

Dear Parent/Guardian,

Fortuna Union High School District has implemented a program for student-athletes. The program will assist your child's physician, our high school athletic department and qualified health professionals in evaluating concussions. In order to better manage concussions sustained by our student athletes, we have established a partnership with Humboldt State University's North Coast Concussion Program (NCCP). Each year HSU will perform base line tests. If a student-athlete is believed to have suffered a head injury, the base line test will be used to assist in determining the severity of the head injury and when the injury is fully healed.

HSU has acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports program across the county to successfully diagnose and manage concussions

The computerized exam is given to student-athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many student athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the student-athlete will be required to re-take the test. Both the preseason and post-injury test data will be used to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-participate is appropriate and safe for the injured student athlete.

The information gathered from the ImPACT program may also be utilized in studies currently being conducted by Humboldt State University. In order to ensure and guarantee your child's anonymity, they have set up an anonymous data submission system.

We wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student athletes. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions.

District high school administration and athletic department staff are striving to keep each student's health and safety at the forefront of the student athletic experience. Please return the attached documents with the appropriate signatures.

If you have any further questions regarding the program, please feel free to contact me at (707) 725-4461 ext 3012. If you have specific question about NCCP or ImPACT you may contact the HSU Coordinator Beth Larson at (707) 826-4540 or elizabeth.larson@humboldt.edu.

Sincerely,

Glen Senestraro,
School District Superintendent

For more information on concussions in high school sports go to:

<http://www.cdc.gov/Concussion inYouthSports/> or <http://www.impacttest.com>

Fortuna High School – Sign & Return

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

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

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|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
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What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion will be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. Education Code 49475 and CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

Education Code 49475 (1) an athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider who is trained in the management of concussions and is acting within the scope of his or her practice. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from that licensed health care provider.

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

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

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