

**Palos Verdes High School**  
**Girls Volleyball Program 2014**

**Checklist**

- ~ Participation Donation Letter – Principal Parks
- ~ Participation Donation Amounts  
**\$450 Girls Volleyball**  
**Check payable to PVHS**
- ~ PVHS Emergency Information Form  
**Fill out & Return**
- ~ Uniform Donation  
**\$40 Girls Volleyball**  
**Check Payable to PVHS**
- ~ PVPUSD – Insurance Protection Letter
- ~ PVPUSD – Athletic/Activity Report  
**Fill out & Return**
- ~ PVHS - Athletic & Co-Curricular Code of Conduct
- ~ CIF – Code of Ethics – Athletes  
**Sign & Return**
- ~ PVPUSD – Medical Treatment Authorization  
**Fill out & Return**
- ~ PVPUSD - Physical Examination Form  
**Fill out & Return**
- ~ PVPUSD – Physical Examination Form  
**Physicians Signature & Return**



600 Cloyden Road, Palos Verdes Estates, CA 90274 p. 310.378.8471 f. 310.378.0311

## PARTICIPATION DONATION – IMPORTANT NEWS

Dear Palos Verdes High School Families,

I am excited to announce that the PVPUSD and Board of Education have decided that the Participation Donation Program for Athletics and Extracurricular Programs at each high school will be donated DIRECTLY to each school site. Our goal is to directly manage these essential donations made by the PVHS Families to ensure that our programs continue for years to come.

PVHS students enjoy our school's excellent offerings in the arts, academics and athletics programs. The cost to run our schools programs at the highest levels possible to meet expectations exceed the baseline fiscal support from the district. Palos Verdes High School relies on the participation donations to keep these programs viable. **Parent donations, though not required, are strongly encouraged as they are our single most important source of funding for athletics and extra-curricular activities.**

All of the participation donations – whether for athletics or extracurricular programs fund bus transportation, adviser/coaching staff stipends, tournament and entry fees, officials, security, athletic trainers, and equipment. Because each activity involves different costs and number of participants, Palos Verdes High School has evaluated each program's actual expense and have calculated a suggested "participation donation" for each program based upon these variables. While contributions are not mandated, without the requisite funds, Palos Verdes High School may not be able to offer the variety of extra-curricular activities that currently exist and certain sports or activities we have fielded in the past may be eliminated.

Please be assured that the participation donation, whether made or not made, and/or the amount of said donation is completely confidential. The coaches/advisors do not have access to the names of the families who have contributed or have not contributed; only the bottom line of the collected amount is revealed to the coach/advisor in order that he/she can make financial decisions regarding his/her program(s).

Donations are purely voluntary, and no student will be denied access to or participation in any sport or extracurricular activity, or penalized in any way, based on whether or not his/her family chooses to make a donation or portion of any such donation.

In reality, if there are not enough participation donations for a specific sport or extracurricular activity, there will need to be program cuts, including fewer teams, programs, coaches, buses, tournaments, concerts, competitions, etc.

**Please make checks payable to: PVHS** and turn them in to the Student Store along with the athletic or extracurricular program clearance packets.

Thank you for continuing to support of the programs at Palos Verdes High School. I look forward to a successful upcoming school year.

Sincerely,

A handwritten signature in black ink, appearing to read 'Charles Park'.

Charles Park, Ed.D.

Principal

**Palos Verdes High School  
Participation Donation Amounts  
2014-2015**

*These suggested amounts help to provide for the coaches/advisors stipend, transportation costs, entry fees and other expenses associated with the team or club. Please view [http://www.pvhigh.com/school\\_info/info\\_participation\\_donations.html](http://www.pvhigh.com/school_info/info_participation_donations.html) for additional info.*

<u><b>ATHLETICS</b></u>	
<b>\$575</b>	Football Boys & Girls Basketball Baseball Softball
<b>\$450</b>	Boys & Girls Volleyball Boys & Girls Waterpolo
<b>\$400</b>	Boys & Girls Tennis Boys & Girls Soccer Boys & Girls Lacrosse Boys & Girls Swimming Boys & Girls Golf
<b>\$350</b>	Boys & Girls Track
<b>\$300</b>	Boys & Girls Cross Country Marching Band/Concert Band

**Students that are unable to make a participation donation will not be denied the right to participate.**

<u><b>EXTRA-CURRICULAR ACTIVITIES</b></u>	
<b>\$350</b>	Cheer Song
<b>\$200</b>	Drama (all levels) ASB MUN AVID Choir Academic Decathlon Drumline Color Guard
<b>\$175</b>	Jazz Band Orchestra
<b>\$150</b>	Mock Trial Live from 205 Surf
<b>\$100</b>	Choreo (all levels) Science Research Science Bowl Science Olympiad Trade Winds (Literary Magazine) Math Club PVIT



## UNIFORM DONATION

PVHS Parents,

We are now entering our 13<sup>th</sup> year. It is time to start reordering uniforms and this is expensive. Our athletes look good and we want to continue to purchase quality uniforms. Our Booster Club supports athletics, academics, and the arts. The expense of buying all the uniforms would be very significant. We considered having students buy their uniforms but when you think this through it would be far more expensive and a logistical nightmare.

Hence we are asking for a Uniform Donation. Please see the scale below. A student will be asked to pay this fee for each sport they play. This money will go into an athletic account in the student store. The Booster Club will continue to assist with uniform purchases as needed.

Please make checks payable to PVHS. These checks will be turned in at the student store when students clear for their sport.

<i>Sport</i>	<i>Uniform Donation</i>
<b>Football</b>	\$40
<b>G Volleyball</b>	\$40
<b>X - Country</b>	\$40
<b>G Golf</b>	\$15
<b>G Tennis</b>	\$15
<b>B Water Polo</b>	\$15
<b>B Basketball</b>	\$40
<b>G Basketball</b>	\$40
<b>B Soccer</b>	\$40
<b>G Soccer</b>	\$40
<b>G Water Polo</b>	\$15
<b>Surf</b>	\$15
<b>Baseball</b>	\$40
<b>B Golf</b>	\$15
<b>Softball</b>	\$40
<b>Swim</b>	\$15
<b>B Tennis</b>	\$15
<b>Track</b>	\$40
<b>B Volleyball</b>	\$40
<b>B Lacrosse</b>	\$40
<b>G Lacrosse</b>	\$40



# Palos Verdes Peninsula Unified School District

September, 2013

MALAGA COVE  
ADMINISTRATION  
CENTER

375 Via Almar  
Palos Verdes Estates  
California 90274-1277  
(310) 378-9966  
www.pvpusd.k12.ca.us

Walker Williams  
Superintendent  
of Schools

Board of Education

Anthony Collatos  
President

Erin G. LaMonte  
Vice President

Malcolm S. Sharp  
Clerk

Barbara Lucky  
Member

Larry Vanden Bos  
Member

Department Extensions  
and FAX Numbers

Superintendent x 404  
(310) 378-0732 (FAX)

Business Services x 418  
(310) 791-1306 (FAX)

Curriculum and Instruction x 163  
(310) 791-2919 (FAX)

Human Resources x 417  
(310) 791-2940 (FAX)

Pupil Services x 551  
(310) 378-1971 (FAX)

Dear Parent:

REFERENCE: INSURANCE PROTECTION FOR YOUR CHILD  
EXTRA-CURRICULAR ACTIVITIES AND SPORTS

The Palos Verdes Peninsula Unified School District takes appropriate steps to protect your child from injuries. Even so, accidents can and do happen while participating in activities that take place on campus, on school trips and during extra-curricular activities and sports.

**Students participating in interscholastic sports including spring football training are required by state law to have medical insurance.**

Some students may qualify to enroll in no-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: (a) Medi-Cal – 1-800-541-5555, (b) Medicare – 1-800-Medicare, or (c) Healthy Families Program – 1-800-880-5305.

Since the Palos Verdes Peninsula Unified School District **does not** provide accident medical insurance for school-related injuries, it makes available through the plan administrator, Myers-Stevens & Toohy & Co. Inc. a variety of affordable insurance plans to help you in the event of an accident and urges you to purchase the plan that best fits your needs.

Please review the brochure on medical insurance options. There are three levels of benefits available. The "High Option" level of benefits is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School-Time", "Interscholastic Tackle Football" or "Full-Time (24/7)" basis.

**IMPORTANT:** You are urged to consider the Student Health Care Plan, which provides the broadest scope of coverage. One that covers illnesses and accidents, 24-hours a day, including all sports except high school tackle football.

Complete the application, enclose payment and have your student return the application to the Student Store. Keep this brochure in a safe place in case your child gets hurt. An ID card verifying coverage will be mailed to your home.

If you have questions or need help with your application, please call the plan administrator, Myers-Stevens & Toohy & Co. Inc. at (800) 827-4695 or (949) 348-0656 or go to: <http://www.myers-stevens.com>. If your child does have other health coverage, student insurance may also be used to help pay those charges not covered by other insurance.

Sincerely,

Walker Williams  
Superintendent of Schools

WW/LC/lid



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# PALOS VERDES HIGH SCHOOL

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## *ATHLETIC & CO-CURRICULAR CODE OF CONDUCT*

These guidelines shall apply to all infractions involving students who are in possession of or under the influence of alcohol, narcotics, and steroids on high school property or at any school sponsored activity.

### A. **First Infraction**

1. 3-5 day suspension at discretion of principal based on facts.
2. 8-week suspension from all school activities, including athletic and all other extra curricular competitions.
3. Two sport athletes shall finish their suspension during a 2<sup>nd</sup> season of sport if necessary.
4. Students involved with non-athletic competing groups (band, pep squad, drama, etc.) shall have an appropriate suspension assessed by the principal.
5. A suspension from competition may be carried over from one school year to another at the discretion of the principal.
6. All students will serve a minimum 5-week suspension from competition, or the designated alternative. Students may reduce up to three weeks from the assigned 8-week suspension:
  - a. School or community service. Two 5-8 hour sessions will work off one week.
  - b. An educational option will allow a student to reduce one week from the suspension by attending two group meetings (i.e. alcoholics anonymous).

### B. **Second Infraction**

1. A second involvement with alcohol, narcotics, and steroids during the student's high school career will mean immediate reassignment to a school away from the home campus in compliance with the district safe school policy.

The philosophy of these guidelines is that students who represent their school and community will be held to a high standard, as outlined in the athletic and extra curricular clearance packet.



  
**Southern Section**  
*Academics / Integrity / Athletics*

10932 Pine Street  
Los Alamitos, California 90720

Telephone: 562-493-9500  
Fax: 562-493-6266

## Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Revised 7/09

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
 MEDICAL TREATMENT AUTHORIZATION  
 WAIVER, RELEASE AND INDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY SPORTS OR NON-SPORTS PROGRAM**

Participant: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ Name of School: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Transportation provided by District       Transportation is parent responsibility

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary as part of the PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT (District) sports or non-sports program. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

	Participant has no special health needs the staff should be aware of, and no medication is required.
	Participant has a special need, and instructions are attached. Number of attached pages: _____
	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Name (Please Print)

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Health Plan

\_\_\_\_\_  
 Street Address      City      State      Zip Code

Plan # \_\_\_\_\_

Principal / Designee Signature \_\_\_\_\_

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
Health Services

PHYSICAL EXAMINATION REPORT

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Grade \_\_\_\_\_

A physical examination of this student was performed on (*Date*) \_\_\_\_\_.

He/she is physically fit to participate in all athletics.\*

Tdap booster given on (*Date*) \_\_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

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**VALID ONLY WITH PHYSICIAN'S STAMP**

Telephone: \_\_\_\_\_

\* California Interscholastic Federation (CIF) policy 308 states . . . "schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. . . . The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition..."

PVPUSD accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse practitioner with a MD's stamp.

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
Concussion Information Sheet

**What can happen if my child keeps on playing with a concussion or returns to 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 athlete 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 should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that 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

# PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

## 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:

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

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness