

Rocklin High School

Department Of Athletics

Dear Student Athlete:

Welcome to Rocklin High School and to our fine athletic program. Below is a list of forms that must be completed, signed, and submitted to the athletic office before you are cleared to participate in interscholastic athletics.

1. **PHYSICAL / Authorization for Use of Disclosure of Health Information Form**
Physicals must occur after June 1st and have a physician's signature indicating you have received the state-required physical examination.
2. **PROOF OF INSURANCE, PARENT CONSENT & RISK WARNING**
Every athlete must have insurance. No insurance needs to be purchased if you have private insurance. If you do not have private insurance, school insurance must be purchased through Myer's Stevens & Toohey. Enrollment forms and cost information is available in the athletic office.
3. **HANDBOOK ACKNOWLEDGEMENT FORM**
This form verifies that both student and parent have read and understand all policies that pertain to athletics at RHS. Both student and parent signature must be completed. Areas of focus are as follows:
 - ✓ **RHS Code of Conduct – Extracurricular Eligibility Policy**
 - ✓ **CIF-SJS/RHS Code of Ethics in Sports**
 - ✓ **Expectations of Athletes / Expectations of Parents**
 - ✓ **Notice of Anabolic Steroid / Performance Enhancing Drug Use**
 - ✓ **CIF-RHS Code of Conduct for Interscholastic Student-Athletes**
 - ✓ **Principles of Pursuing Victory with Honor**
4. **VOLUNTARY ATHLETIC CONTRIBUTION** - **\$125 first sport, \$100 second sport and \$75 third sport, with maximum of \$450 per family.** Due to budget cuts we are asking families for this contribution to maintain our Freshman and JV level athletic teams. Most surrounding school districts are requesting these types of contributions as well. More information will be given at our Sports Information Night on August 5th.
5. **ACADEMIC ELIGIBILITY (Athletic office will verify)**
Minimum of 20 units passed previous semester and maintenance of a 2.0 GPA with no more than one NM or NC.
6. **PAYMENT OF OUTSTANDING FINES** (if applicable – please bring receipt to athletic office.)
7. **OBTAIN ATHLETIC CLEARANCE SLIP FROM ATHLETIC OFFICE PRIOR TO 1st DAY OF PRACTICE**

Best wishes for an enjoyable and successful year! If I can be of any assistance, please feel free to contact me.

Sincerely,



David Bills

Assistant Principal/Athletic Director
(916) 632-1600 Ext. 121

*** Keep this letter and return the attached Athletic Packet ***

Rocklin High School Athletics

Proof of Insurance

Student's Name: _____
Last First Middle Grade

I have purchased the following school insurance:

- _____ Tackle football coverage only
- _____ School time coverage – covers sports other than football
- _____ 24 hour coverage – covers sports other than football

_____ I have my own health or accident insurance for my student as follows which meets the requirements of California law and choose not to purchase additional coverage:

_____ Insurance Company Name _____ Policy / Group Number

_____ Physician's Name _____ Address _____ Phone

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any athletic trip. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

RISK WARNING

Participating in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks. However, it is impossible to totally eliminate such incidents from occurring.

Players may reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following proper conditioning program and inspecting their own equipment daily. Damaged equipment must be replaced.

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur.

Student - Athlete Signature Date

Parent / Guardian Signature Date